



# Rapid Assessment of the Impact of the Economic Situation on the Urban Population of Khartoum State

May 2020

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## ACRONYMS AND ABBREVIATIONS

AfDB	African Development Bank
CARI	Consolidated Approach to Reporting Indicators of Food Security
CBoS	Central Bureau of Statistics
CPI	Consumer Price Index
CSR	Corporate social responsibility
CSO	Civil society organization
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FGD	Focus group discussion
GDP	Gross domestic product
IMF	International Monetary Fund
kg	Kilogram
LCSI	Livelihood Coping Strategy Index
LFB	Local food basket
MoLSD	Ministry of Labour and Social Development
NGO	Non-governmental organization
NHIF	The National Health Insurance Fund
SDG	Sudanese pound
SPSS	Statistical Package of Social Science
UNDP	United Nation Development Programme
UNICEF	United Nation Children's Fund
WFP	World Food Programme

## Foreword:

### Federal Minister of Labour and Social Development

The transitional Government of Sudan and the Ministry of Labour and Social Development and its National Poverty Commission welcome the publication of the report on the impact of economic crisis on the poor in Khartoum State. We would like to put on record our appreciation for the support provided for this study by UNICEF, UNDP, WFP and the African Development Bank.

The report lays bare the negative impacts of economic policies adopted by a Government that did not represent the interests of the Sudanese masses. The Revolution that started in December 2018 and culminated in the formation of the transitional Government in September 2019 was largely motivated by public outrage at a political system that did not prioritize people's welfare. This report, which was finalized before the start of the national protest movement in December 2018, had already foreseen that rising poverty was likely to lead to public protests.

The report clearly documents the negative impacts of the economic crisis that was heightened from January 2018, following a doubling of bread prices and other inflationary "reforms". It highlights the distress that many Sudanese households endured as they were forced to skip meals, pull their children from schools and sell the few possessions they had. It also documents the failure of the policy of subsidy reduction in reducing demand for imported wheat, as the poor responded to higher bread prices by increasing their demand to make up for lower consumption of more expensive items like meat that they could no longer afford.

We believe that the report is timely as it can feed into our national deliberations on how to proceed with subsidy reform. We are also proud that this report has been produced by Sudanese experts who can help us in carefully planning our reform programme in the interest of promoting an inclusive economy that unleashes the potential of the youth and women who led the revolution.

We look forward to working jointly with our partners in UNICEF, UNDP, WFP and the African Development Bank along with other interested partners to respond to the needs of the urban poor, identified in this report.

We eagerly await the timely initiation of the response programme, which can serve as a model of complementary action to maximize the beneficial impacts of our national poverty reduction programmes and projects.



**H.E. Lena Elsheikh Omer Mahgoub**

Federal Minister of Labour & Social Development

## Foreword:

### Development Partner's Heads of Agencies

We undertook this study of the impact of the economic crisis on poverty in Khartoum State at a time in early 2018 when there was little acknowledgement of the depth of poverty in urban areas, despite the findings of the 2014 household budget survey that urban poverty had risen substantially since 2009. The exercise was led by the national poverty commission and supported by UNICEF, UNDP, WFP and the African Development Bank. This interagency cooperation proved most beneficial in allowing us to fully cover income and non-income dimensions of poverty and deprivation.

The report was finalized in October 2018 and endorsed by a national validation workshop held in January 2019, presided by the Minister of Labour & Social Welfare. At the time the protest movement, which had been predicted by the report was already in full swing, and confirmed the relevance of the report's warning that economic policies have to be designed carefully and take into account possible ramifications of proposed changes.

The report clearly lays out the negative impact of the economic crisis that set in from January 2018 on the poor. It shows that many were pushed into destitution and adopted coping strategies that lead to depletion of their physical and human capital. It also documents how rising poverty undermines social capital by making it more difficult for people to maintain contact, while encouraging anti-social behavior, such as drug use, physical violence and robberies.

The report shows how the doubling of bread prices increased the demand for bread, exacerbating the problem of the foreign exchange cost of wheat imports, even though it initially reduced the fiscal cost of bread subsidies. With the substantial drop in the value of the Sudanese Pound that accompanied the inflationary spiral set in motion with the increase in bread prices, the subsidized price of bread in dollar terms is today lower than what it was before the price rise of January 2018. This experience should lead to more careful planning and execution of subsidy reform measures in the future, in order to maximize their positive impacts and mitigate against their negative side impacts.

We, as the partners who helped the Government with this study, remain ready to support national efforts to respond to the high levels of urban poverty the report documents. Urgent action is needed to build up the resilience of the urban poor to cope with economic stress and avoid harmful coping strategies, such as pulling children out of school, skipping modern medical care and selling assets. We can take advantage of the energy of women and youth, who led the revolution, to pull negatively affected community out of poverty.

Work on coordinated response to the deterioration of poverty in the poorest neighborhoods of Khartoum is already well advanced, with a programme document already under discussion with the authorities. The interventions foresee interventions on livelihoods and provision of basic social services in conjunction with the concerned local authorities, through an area-based approach.

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## Executive Summary

In December 2017, the Government of Sudan introduced several policy changes to address the fragile macro-economic situation. These policy changes included: increasing the US dollar exchange rate applicable to customs; decreasing the value of the Sudanese pound; issuing a ban on imports for certain commodities; lifting the subsidies for wheat; doubling the cost of electricity for businesses; and restricting cash withdrawal from banks for bank account holders.

These policy measures have resulted in hikes in the inflation rates, cash scarcities and increased cost of living. The impact on the poor, particularly the urban poor, could be devastating and needed to be addressed. It is against this background that UNDP, UNICEF, WFP and the African Development Bank (AfDB) responded to a request from the Commission of Social Security and Poverty Reduction of the Federal Ministry of Welfare and Social Development (the "Commission") to support the Rapid Assessment of the Impact of the Economic Situation on the Urban Poor Population of Khartoum State. This study assesses the impact of these policies on the Khartoum urban poor as reflected in shocks to incomes, access to social services and sources of livelihoods. The study has generated evidence on the transmission channels of the crisis; impacts of the crisis and possible responses to the current situation; policy options and interventions; and developed tools to conduct similar rapid assessments on the impacts of economic shocks in the future.

Sudanese experts from the Partners in Development Services (PDS) carried out the assessment during the period from August to September 2018. The experts adopted the following conceptual framework previously used by international organizations such as UNDP, WFP, UNICEF, AfDB and World Bank.

The assessment adopted a participatory approach involving government policy makers represented in the Commission and its committee, which included 16 other government institutions of high relevance to the poverty problem. The assessment developed the capacity of government officials in participatory data collection tools and conducting inception and validation workshops, which involved 80 participants including civil society organizations (CSOs), the Government of Sudan and international partners.

The assessment methodology included collection of quantitative and qualitative data, a literature review, key informant interviews, a household survey, and focus group discussions (FGDs) at the community level with purposefully selected groups to ensure inclusion of diverse groups and perspectives.

The household survey was based on cross-sectional quantitative data using structured questionnaires covering the seven localities of Khartoum. The sample was selected using a multi-stage cluster sampling design. A total of 31 blocks were selected in the seven localities, proportional to size (number of blocks and population). The total sample was 500 households. The consultants developed a data entry programme in consultation with WFP and used the SPSS statistical software to check for data consistency. A final workshop was organized and attended by stakeholders to validate the credibility of the study findings.

85 FGDs were held, with 68 groups selected on a random basis, while 17 groups were chosen to represent constituencies, such as civil servants, day labourers, etc. For the FGDs, a checklist was used that included: (i) awareness and perceptions of economic decisions and policies, etc.; (ii) the most affected individuals and vulnerability level; (iii) support received from different sources during the crisis; (iv) consequences and impact by source of income, gender, age, etc.; (v) coping mechanisms to shocks; and (vi) specific impacts on income and expenditure components.

The assessment report covered: the context and outcome of recent economic policies; the socio-economic status of neighbourhoods of the study area; transmission channels of the economic crisis; people's and government responses and coping strategies; and the impact of the economic crisis on people's welfare.

The conclusion and recommendations of the assessment were derived from the outcomes of both the household survey results and the FGDs.

## Key findings and recommended actions

The economic crisis that began in January 2018 has affected all communities in Khartoum State, but those in the peripheries have been severely affected. The crisis has pushed these communities to deploy limited, usually adverse, coping mechanisms in the absence of adequate safety net programmes. People's incomes, work opportunities, wages, and financial situations have been negatively affected. The service sector has also been severely affected, in particular access to education, health and safe drinking water.

As revealed by the survey and the FGDs, people's purchasing power was drastically reduced, limiting their ability to meet their food requirements. People tried their best to cope with and adapt to the policy changes through: reducing meals; switching to cheaper foods with less nutritional contents; borrowing; and selling household assets that will take at least a generation to rebuild, potentially creating poverty traps. Some people reduced expenditure on health and education and withdrew their children from schools. Since they were unable to meet the health expenses, they resorted to traditional medicines, and their children could not receive the correct nutrients, thus becoming more prone to illness. In addition, they had to increasingly rely on relatives and social network support. The most affected categories are children, the elderly and women.

The findings clearly indicated widespread and acute vulnerabilities among the urban population in Khartoum with emerging negative social implications and a potential for unrest and political instability.

The government responses in terms of safety net programmes, cash support, zakat (giving alms), microfinance and health insurance produced little positive effect due to their weak coverage.

The crisis resulted in deteriorating living conditions and welfare, food insecurity, school drop-out, increased crimes and violence, and in a negative impact on social relations and social networks.

### Recommended actions

- To assist these communities in mitigating the impact of the current crises and building their resilience to future shocks, the Government, with assistance from the development partners, must design appropriate interventions, both in terms of policies and project activities. The required actions should cover the following areas:
  - ✓ Reforming the current safety net programmes in Khartoum State, especially by improving targeting and level and modality of assistance;
  - ✓ Reforming the health insurance system to expand its coverage in Khartoum area, and ensuring availability of medicines, particularly for children under five;
  - ✓ Upscaling safety net programmes;
  - ✓ Reducing inflation;
  - ✓ Supporting sustainable livelihoods by increasing employment opportunities. Employment and social programmes, especially for youth and women, are of vital importance. This includes providing jobs through training and skills building based on market needs, or providing assistance through self-employment through training in activities with good market potential and the provision of credit, microfinancing or seed money. Assistance should be given to women's groups by supporting better livelihood opportunities and building their capacities accordingly, as well as through training of vulnerable women;
  - ✓ Improving food security, especially for children and groups with special needs. School and child feeding programmes emerge as important interventions because children are the most affected by the reduced food consumption. School feeding and a maternal and child feeding programmes have to be considered based on efficient and effective targeting methodologies as well as food-for-work;
  - ✓ Improving local governance, including capacity building of localities. The local governance system in Khartoum needs to be reformed to ensure that poor and vulnerable people have easy access to income generating activities. One of these reforms relates to the informal sector where many women and youth work as street vendors in many activities such as in preparing tea and food. These groups need to be helped rather than harassed while complying with the rules and regulations (which may require some reforms).

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- ✓ Improving approaches for the interventions in urban Khartoum. Some of the policy reforms such as the reduction of non-targeted subsidies and inflation are of a universal nature and will help all the poor in Sudan including Khartoum State.
  - Given the limited resources available for the authorities to deliver basic services and infrastructure, assistance could be considered to help Khartoum State and the localities to invest more in infrastructure and services projects (water supply, garbage collection, hospitals, roads, etc.) by utilizing public private partnerships (PPPs).
  - The private sector could also play an important role in assisting locality authorities with interventions targeting the poor and vulnerable through corporate social responsibility (CSR). Development partners and NGOs could assist the local governments in mobilizing CSR, which could provide different forms of assistance such as: enterprise development training for women in the communities around manufacturing plants to encourage small and medium-sized enterprises (SMEs); employment for the disabled assistance in rehabilitating drug users and providing them with jobs; and investing in social services in poor areas near the industrial areas, etc.
  - The government interventions require coordination among the various actors involved in addressing this crisis, including: the Ministry of Labour and Social Development (cash transfers), the Ministry of Finance (general food subsidies); the Zakat-Khartoum Office and Zakat local committees, the National Health Insurance Fund, the Ministry of Health (nutrition and fee waivers for health); the Ministry of Education (school feeding); the Humanitarian Aid Commission (HAC), popular committees and local authorities. Multisector and different thematic interventions as revealed by the survey (food security, education, health, employment, crimes, special groups need, etc.) require that interventions by the United Nations agencies and other development partners be coordinated and work together under a lead agency. The interventions by the development partners also require a coordinated approach by United Nations agencies and other development partners to work together under a lead agency. An overall coordination and harmonization of all non-governmental bodies and the private sector is also needed. More importantly, in order to achieve a sustained reduction in poverty, the affected poor people must be at the heart of this process; they should be consulted and be able to participate in the identification of their needs and priorities. Furthermore, plans for interventions need to clearly distinguish, between immediate actions and the medium- and long-term strategies although they may be interrelated, to address the poverty challenges in Khartoum State.

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# CHAPTER ONE INTRODUCTION

## CHAPTER ONE: INTRODUCTION

### 1.1 General background

Since January 2018, the Government of Sudan has introduced several policy changes to address the fragile macroeconomic situation. These policy changes included: increasing the US dollar exchange rate applicable to customs; decreasing the value of the Sudanese pound; issuing a ban on imports for certain commodities; lifting the subsidies for wheat; doubling the cost of electricity for businesses; and restricting cash withdrawal from banks for bank account holders. These measures have resulted in hikes in the inflation rates to above 60 per cent since January 2018, and cash scarcities leading to a decline in purchasing power and increased the cost of living, particularly affecting the poor. These measures have compounded the already difficult economic situation, which has been challenging since the secession of South Sudan in 2011. This has resulted in the loss of the bulk of oil exports and a substantial share of government revenues.

The impact of these measures on the poor, particularly the urban poor, can be devastating and needs to be addressed. Accurate, up-to-date and relevant data from surveys are essential in order for the Government to understand the impacts of these policy changes and to make sound, corrective policy decisions accordingly. Surveys will also assist development partners in taking appropriate measures and in resource mobilization to address the situation. This is the background against which the United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), World Food Programme (WFP) and the African Development Bank (AfDB) responded to a request from the Commission of Social Security and Poverty Reduction of the Federal Ministry of Insurance and Social Development, and funded the *Rapid Assessment of the Impact of the Economic Situation on the Urban Poor Population in Khartoum State*. Sudanese experts from the consultant organization Partners in Development Services (PDS) were assigned to carry out the assessment during the period from August to September 2018<sup>1</sup>.

### 1.2 The objectives of the assessment

The assessment aimed at assessing the impact of the crisis with respect to the following: (i) shocks to incomes, social service access and sources of livelihoods experienced by households; (ii) coping mechanisms that households adopted to counter the crisis; and (iii) changes to households' welfare. The rapid assessment sought answers to the following key questions:

- a. Which economic shocks were experienced by households/groups and how these shocks were transmitted?
- b. Which households according to poverty and/or vulnerability level were the most vulnerable to the impact of economic shocks?
- c. Have these households received any official assistance from the Government during this crisis?
- d. How did the households/groups cope with the crisis and how effective were these coping mechanisms?
- e. Did household welfare change? If so, how?

### 1.3 Conceptual framework

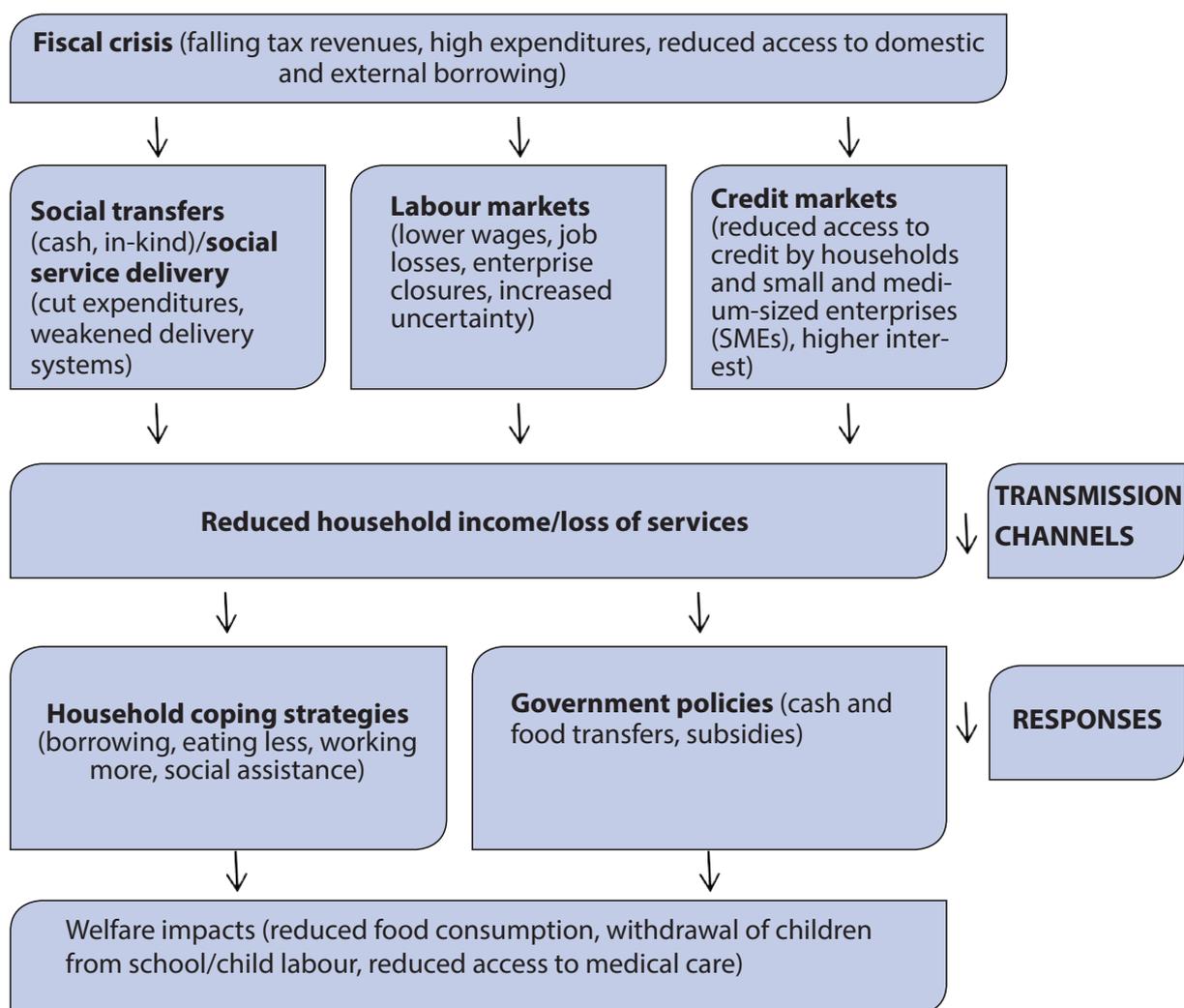
The assessment used a conceptual framework used previously by United Nations Country Team Swaziland (2012), and the World Bank and UNICEF (2010):

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<sup>1</sup> The core team include Ahmed Abusin and Abdullatif Ijaimi with a major contribution from Elfatih Ali Siddig. Other team members include survey administrators, note takers and enumerators. Data management and analysis were supported by WFP Vulnerability Unit and Partners for Development Services (PDS) staff. The Annex provides a list of all participants in the survey.

**Figure 1** illustrates an analysis of the fiscal crisis: transmission channels, responses and impacts

**Figure 1.** Fiscal crisis: transmission channels, responses and impacts



**Source:** Adapted from World Bank, UNICEF and TEPAV (2010).

In addition to generating evidence on the transmission channels of the crisis, households' coping mechanisms and welfare, the objectives of the survey were to: (i) inform the United Nations Country Team in Sudan and national policymakers on the impacts of the crisis and inform their joint discussions on possible responses to the current situation; (ii) suggest policy responses and inform possible United Nations Country Team response in terms of interventions and resource mobilization; and (iii) develop tools that can be used to conduct similar rapid assessments on the impacts of economic shocks in the future.

#### 1.4 Approach and methods

The approach adopted by the consultant for this survey is truly participatory, involving the government policy and decision makers represented in the Commission and its council, which include representatives from 16 government institutions of high relevance for addressing poverty. In addition, the team's international partners provided funding and technical assistance for the survey. This proved to be an effective partnership in which Sudanese experts were involved in multidisciplinary and gender-balanced exercise. The approach also involves a capacity development for Sudanese individuals in the participatory processes of developing the tools and the inception and validation workshops, which involved 80 participants involving civil society organizations (CSOs), the Government of Sudan and international partners. Policy and decision makers from the relevant ministries and departments of both Federal and Khartoum State Ministries, as well as the representatives of Sudanese experts, academics, civil society and the international development partner organizations attended the inception workshop. The inception workshop participants discussed in detail the

conceptual framework, the methods and detailed survey tools: their feedback and comments were incorporated in the final survey tools.

A number of methods were adopted for the collection of quantitative and qualitative data, including: a literature review, key informant interviews, household-based interviews and FGDs at the community level, with purposefully selected groups to ensure inclusion of diverse groups and perspectives.

#### 1.4.1 The literature review and key informant interviews

A contextual analysis was carried out by interviewing some key policymakers and reviewing the most relevant decisions and documents. This literature review included a review of articles in the media and the different contributions of experts in workshops and discussion forums. As an introduction to the survey, an analysis was carried out to better understand the context in which the survey was undertaken. The nature and intensity of the changes in the government policies since the end of 2017 through January 2018 onwards was assessed from the macroeconomic perspective. Stock-taking was conducted of the implemented government fiscal and monetary policies; its aim was to see how they translated into higher prices and scarcities and a weaker labour market, etc. thus deepening the poverty of poor households in urban areas.

The macro-economic data available from the Central Bank of Sudan regarding determinants of inflation in Sudan and from the Central Bureau of Statistics (CBS). The CBS produces monthly inflation data, monthly consumer price index changes disaggregated by categories and by food and non-food items for Sudan and for Khartoum state. The period covered January 2018 to June 2018, and the trend during this period was compared to previous periods.

#### 1.4.2 The field survey methodology

The methodology entailed two steps:

**The household survey** was based on a cross-sectional quantitative survey that uses probability sampling methods. A multi-stage cluster sampling design was used for all localities in Khartoum, with urban- classified enumeration areas selected in Khartoum. A structured questionnaire was developed for interviewing the targeted households. The sample was selected using a multi-stage cluster sampling design. Face-to-face interviews were carried out of the selected households.

**The questionnaire was complemented by series of FGDs.** Sample size was calculated using the most recent ongoing expenditure and consumption survey in Khartoum State. The consultant, supported by the data management and statistics team, reviewed the most recent ongoing survey carried out by WFP and FAO in Khartoum State, specifically the section covering the urban population.

The household questionnaire is the main tool to generate quantitative data at the household level (see Annex A).

#### The household questionnaire

The questionnaire included sections on the following:

- a) Demographic information
- b) Income
- c) Housing and living conditions
- d) Expenditure
- e) Debt
- f) Access to services
- g) Access to financial support (in cash or in kind).
- h) Livelihood situation
- i) Coping strategies.

## Sampling design and sample size

The survey design was a three-stage cluster sampling, with a uniform sampling fraction (proportionate allocation). Each locality was considered a domain of study, and a sampling error of around 5 per cent was taken into consideration. For this degree of accuracy, it was decided that 500 households should be selected from the seven localities, namely Khartoum, Omdurman, Bahri, Jabel Awlia, Karari, Um Badah and Eastern Nile locality. In addition, 50 households from the seven localities served as a reserve for non-responding households. The project area covered seven localities in Khartoum State and one administrative unit from each selected locality; the first stage sampling units. A number of blocks was selected from each selected administrative unit – second-stage sampling units – and from each selected block, a number of households were selected – third-stage sampling unit. A systematic random sampling was used for the selection of households within the selected blocks after a complete listing of households.

### Sample size

The sample size was calculated based on the following equation:

$$SS = Z^2 * P (1 - P) / C^2$$

Where:

SS = sample size.

Z = tabulated value of Z at 0.05 and a two tails test (1.96).

P = Picking choice (0.30).

C = Confidence interval (0.04).

On this basis, the sample size was calculated at 500 households, which will be corrected by the targeted population within the project area by using the following equation:

$$CSS = SS / 1 + (SS - 1) / \text{population}$$

### Sample distribution

The corrected sample size above was distributed between the seven localities in proportion to the size of targeted population in each locality, as shown in Table 1.

### Selection of blocks and sample size by block

A total of 31 blocks were selected in the seven localities in proportion to size (number of blocks and population). The data collection was conducted based on a sample of 500 households, and the sample was readjusted by excluding rural Khartoum areas. The sample was taken using the adjusted proportion where Um Baddah locality constitutes 17.8 per cent of the total rural poor population in Khartoum State. The number of blocks were randomly selected using the systematic *cumulative population approach*, as shown in Table 1.

**Table 1. Sample size by block**

Locality	Block	Sample size
<b>Khartoum (6 blocks)</b>	Shamal Al Khartoum	20
	Eastern Sagana	16
	Daim Eltaisha	19
	Manshia	11
	Riyad	6
	Western Jeraif	24
<b>1. Subtotal – Khartoum locality</b>		<b>96</b>
<b>Bahri (4 blocks)</b>	Halfaia block 9	8
	Halfaia block 10	6
	Halfaia block 6	20
	Halfaia block 2	9
<b>2. Subtotal – Bahri locality</b>		<b>43</b>
<b>Omdurman (5 blocks)</b>	Salha	46
	Extension Baitelmal	13
	Muhandseen 29	15
	Muhandseen 30	19
	Academic block	7
<b>3. Subtotal – Omdurman locality</b>		<b>100</b>
<b>Karrari (4 blocks)</b>	Central Karrari block 35	10
	Central Karrari block 33	15
	Central Karrari block 30	21
	Central Karrari block 59	24
<b>Subtotal – Karrari locality</b>		<b>70</b>
<b>Um Badah (4 blocks)</b>	Southern Elamir block 3	12
	Southern Elamir block 5	17
	Southern Elamir block 4	21
	Elmanarah	20
<b>4. Subtotal – Um Badah locality</b>		<b>70</b>
Eastern Nile (one block)	Eastern Maigoma	35
<b>5. Subtotal – Eastern Nile locality</b>		<b>35</b>
<b>Jabel Awlia (7 blocks)</b>	Fathelmubein	19
	West Hai Al Nasr block 12	12
	West Hai Al Nasr block 14	8
	Central Hai Al Nasr block 8	6
	Dar Elsalam	9
	Eastern Mayo	18
	Elamal	14
<b>6. Subtotal – Jebel Awlia locality</b>		<b>86</b>
<b>Entire Sample – Khartoum State</b>		<b>500</b>

### Data organization, analysis and report production

Based on the consultant's experiences and lessons learned from previous, similar studies, and in order to meet the objectives of this assignment, he developed a methodology that included a mix of quantitative and qualitative data collection from primary data as well as secondary sources. A draft questionnaire was reviewed and finalized at a stakeholders' workshop including government representatives, experts and civil society members to assess its appropriateness and practicability in collecting all the data/information required for the study. The consultants developed a data entry programme in consultation with WFP and used SPSS) software that can check for data consistency. A final workshop was organized and attended by stakeholders to validate the credibility of the study findings. The consultants then finalized the report, taking into consideration relevant comments proposed by the workshop participants.

## Focus group discussions

One of the tools used to generate mainly qualitative data and inform the analysis is a list of structured questions (checklist in Annex B), which covered the following areas:

- a) Awareness and perceptions of economic decisions and policies, etc.
- b) The most affected people and vulnerability level
- c) Support received from different sources during the economic crisis
- d) Consequences and impact by source of income, gender and age, etc.
- e) Coping mechanisms to the shocks
- f) Specific impacts on income and expenditure components.

FGDs were used with sampled communities of the household survey areas as well as with specifically and purposely selected groups. Table 2 indicates the selected community and participants in the different FGDs.

The consultant realized the value of carrying out this parallel survey with purposely selected groups to widen coverage and have more perspectives of different and varying groups. Table 2 shows the number of participants by gender and by group.

A total of 85 FGD sessions were carried out by six teams, each of which carried out two meetings a day.

WFP identified a technical team composed of 15 well-trained enumerators both male and female, which conducted the quantitative interviews. For the qualitative component, FGDs with key stakeholders and other groups selected purposely for inclusion purposes were carried out by 12 highly qualified and skilled survey supervisors and FGD experts supported with note takers. A highly qualified data management and statistical analysis expert was hired. WFP provided assistance, including in data management, expertise, facilities, computers, data entry staff and technical experts.

A field coordinator was appointed to assure mobilization of communities and access and clearance for field work, through support provided by the Commission of Social Security and Poverty Reduction.<sup>2</sup>

This part of the report presents findings from the following FGDs, which took place in the seven localities of Khartoum State in September 2018:

- The community FGDs, which covered 68 groups in the seven localities broken down by gender;
- FGDs with 17 specially selected groups, such as artisans, unemployed youth and pensioners.

The FGDs are an important part of the rapid qualitative and quantitative study, conducted to examine the impact of the economic policies implemented in Sudan in 2018 on the urban population of Khartoum State. The central purpose of the FGDs was to gain an understanding and perceptions of economic policies and government responses and how and to what extent these policies affected people's income, social services, wellbeing, prices and access to finance, etc. and how they coped and adapted to them. The exercise relied on people's ability and desire to share their daily living conditions, experiences, concerns and perspectives.

Based on the above, the FGD team selected a fully participatory process, whereby women and men would openly provide their opinions, comments, feedback, feelings and recommendations.

The teams were open-minded and flexible in dealing with unexpected situations; for example, in some areas, men and women strive day and night to live with dignity, facing various kinds of suffering that were much more shocking than what the team expected. The interview process had to be guided by professionalism and impartiality rather than emotion. The teams recognized the cooperative spirit of people in different areas across the localities, whereby people's response was highly positive without hesitation. They participated in the FGDs openly and frankly.

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<sup>2</sup> The key support provided in facilitation of access to field and organizing workshops and mobilizing government staff was mainly led by Dr. Fatima Fadul, Director of Commission for Social Insurance and Poverty Reduction, and Mohamed Anwar.

The FGDs took place in the community public spaces such as houses, schools, markets and any available place where the participant could feel comfortable. To ensure inclusiveness, there were 12 to 25 participants for each FGD, covering the vast spectrum of gender, age, wealth status, education level, etc. For example, in Jebel Awlia locality, female participation (58 per cent) was greater than male (42 per cent), and 57 per cent of the participants were youth; 33 per cent, adults; and 10 per cent, children.

The team leader started each FGD by introducing the team members as independent researchers assigned for the task by the Government and other international entities. Then there was brief orientation to clarify the purpose of the research. Each FDG lasted from one to two hours. There were opportunities for participation yet limited to maximum 3 to 4 minutes for each participant per topic. Table 2 shows the gender, age and number of participants, and Table 3 shows the type, location and number of participants.

**Table 2. Focus group discussion participants by gender and age**

Locality	No. of focus group discussions	Gender (per cent)		Age per cent			Total no.
		F	M	Youth	Adult	Children	
Jebel Awlia	16	58	42	57	33	10	327
Omdurman	12	41	59	-	-	-	170
Um Baddah	8	49	51				104
Karrari	8	31	69	-		-	103
Khartoum North (Bahri)	8	18	72				103
Sharq Elnil	4	46	54	-		-	54
Khartoum	12	55	84				139
Total	68	-	-	-	-	-	1 000

Source: FGD survey, September 2018.

**Table 3. Number and locations of focus group discussions for special groups**

Group	Number of focus group discussions (FGDs)	Locations
Food and tea sellers	3	Alsoug Alshaabi (Khartoum), Souq Sita (Alhaj Yousif, Eastern Nile) and Soug Abuzaid (Omdurman)
Artisans (mechanics, electricians, plumbers, construction workers and dealers in second-hand spare parts).	3	Alsoug Alshaabi (Khartoum), Soug Alsajana (Khartoum) and Soug Alhara Alrabaa, Althawra (Omdurman)
Pensioners	3	Pensions Offices in Alsoug Alshaabi (Omdurman), Alshaabia neighbourhood (Khartoum North) and Aldaim neighbourhood (Khartoum).
Public sector workers	3	Ministry of Agriculture, Ministry of Social Security and Development, and Ministry of Labour (all in Khartoum State)
Unemployed youth/graduates	3	Soug Sita, Alhaj Yousif (Eastern Nile), Alsoug Alshaabi (Khartoum) and Alameer Neighbourhood, Um Badah (Omdurman).
Recipients of support	1	Alameer neighbourhood, Um Badah (Omdurman).
Higher education employees	1	University of Khartoum (Khartoum)
Total no. of FGDs	17	



CHAPTER TWO

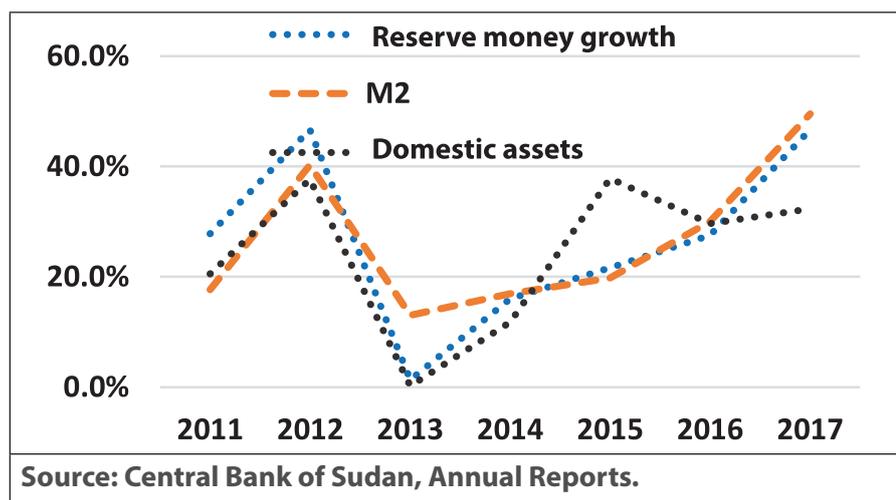
**THE CONTEXT OF RECENT ECONOMIC POLICIES**

## CHAPTER TWO: THE CONTEXT OF RECENT ECONOMIC POLICIES

### 2.1 Economic difficulties

Macroeconomic difficulties have characterized Sudan's economy since the secession of South Sudan in mid-2011 and the associated loss of most of its oil revenues. These difficulties have been compounded by the high, unsustainable external debt, limited access to external financing due to political conditions and issues of governance, inclusion of Sudan in the list of State Sponsors of Terrorism (SSTL), and the interruption of correspondent bank relations. The numerous economic reform measures taken since then, have been insufficient to secure sustained macroeconomic stability and broad-based growth. These difficulties resulted in high and persistent inflation, which constitute a key macroeconomic challenge.

**Figure 2. Money supply aggregates**



The Government was unable to control its fiscal deficit because of low tax efforts and its inability to compensate for the loss of oil revenues. The rising fiscal deficit has been mostly financed by the Central Bank of Sudan. Consequently, money supply increased. Adequate instruments for monetary operations, liquidity management, and non-inflationary financing of government deficits have not yet been fully developed under the Islamic banking system (i.e. equity-based instruments, development of efficient instruments for interbank market and central bank credit facilities, etc.). As a result, regulating money supply relies on conventional instruments such as fixing ad hoc credit ceilings and imposing high, unremunerated reserve requirements. Inflation soared, from 18.3 per cent in September 2016 to 35.1 per cent in September 2017.

In addition, Sudan's external position is substantially weaker. The external current account deficit narrowed due to a decline in imports but remained high at 5 per cent of GDP in 2017. Gross international reserves became depleted and dropped from US\$1,600 million in 2013 to around US\$800 million in 2017. The Government maintains a multiple exchange rate system and foreign exchange market restrictions. These rates include an official exchange rate, rates of commercial banks and foreign exchange rate bureaus; in addition, since they do not reflect the true market conditions, there is a vibrant parallel market. The virtually fixed official exchange rate contributes to foreign exchange distortions and shortages, and to maintaining exchange restrictions and multiple currency practices.

**Recent policies:** For six months, starting January 2018, the Government put in place a series of policies to reduce macroeconomic imbalances whose aim was to reduce money supply to reduce inflation, with an emphasis on: reducing the budget deficit; curbing the demand for foreign exchange to eliminate the parallel market; unifying the exchange rate; and achieving economic stability. These policies are discussed below.

### 2.2 Lifting bread subsidies

Under the long-standing subsidies arrangement for bread, the milling companies had access to preferential exchange rates for wheat imports and distributed subsidized wheat flour to the bakeries, which in turn would sell bread at a fixed price. In early January 2018, the Government eliminated this mechanism and decided to remove the wheat import subsidies to reduce public expenditures and consequently the budget deficit. As a result, in January, wheat flour prices surged from SDG167 to SDG450 for a 50-kg sack, and the price of one loaf of bread increased by 100 per cent, from SDG0.50 to SDG1.

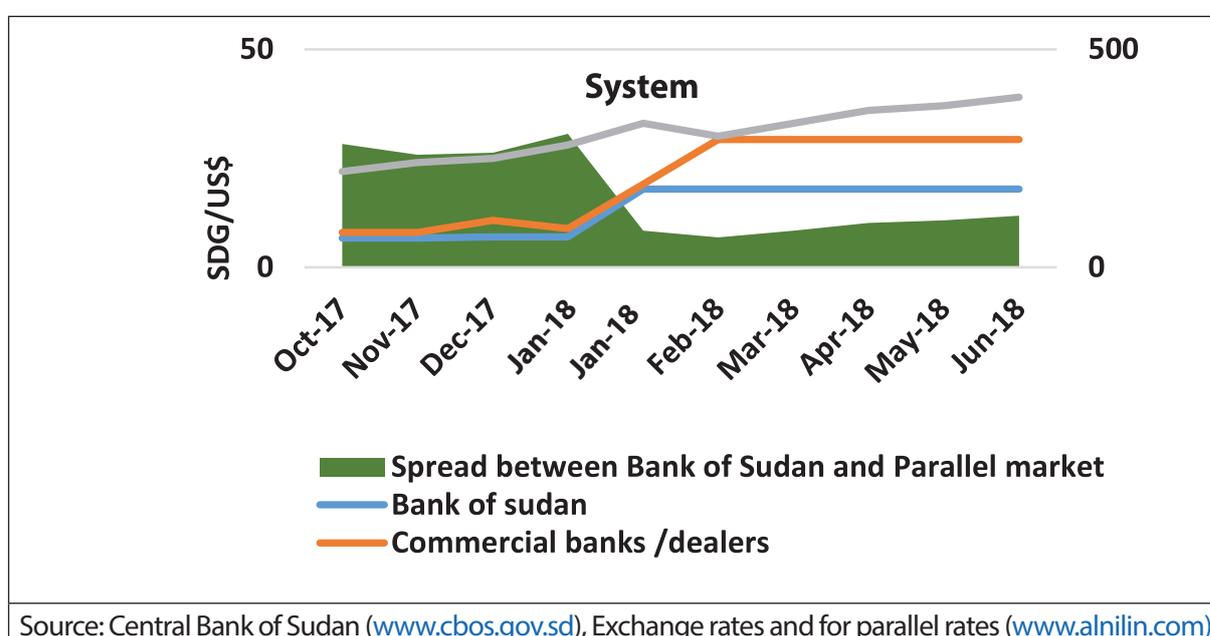
### 2.3 Lifting electricity subsidies

In January, electricity for the commercial and industrial sector that consumes above 400 kWh increased by 1,000 per cent, from SDG0.018 per kWh to SDG0.160 per kWh, with pharmaceutical and cold storage industries exempted. This has pushed the cost of production of domestically produced goods by 30 per cent, according to the Industrial Chamber of the Sudanese Businessmen and Employers Federation (SBEF). The cost of electricity for agriculture irrigation pumps over 50 HP increased ten times, from SDG0.16 to SDG1.6 per kWh.

### 2.4 Increasing the value of customs valuation price

The Government previously calculated the value of customs duties exchange rate of SDG6.7 per US\$1. Starting January 2018, and in line with the devaluation of the official exchange rate, the value of the exchange rate for customs duties increased by 300 per cent, from SDG 6.9 per US dollar to SDG18 per US dollar). Although the Government exempted certain imports, basically essential consumer goods and inputs (around 65 commodities including wheat, sugar, lentils, edible oil, medicines), the unprecedented increase in customs affected many commodities directly or indirectly.

**Figure 3. Sudan: Multiple exchange rate 500 system**



Source: Central Bank of Sudan ([www.cbos.gov.sd](http://www.cbos.gov.sd)), Exchange rates and for parallel rates ([www.alnilin.com](http://www.alnilin.com))

### 2.5 Adjusting the official exchange rate

The Central Bank of Sudan recently implemented a series of measures to liberalize the exchange rate, but the market remains distorted with multiple exchange rates still in place. On 21 January 2018, the official exchange rate was adjusted from SDG6.9 per US dollar to around SDG18 per US dollar, and commercial banks and exchange bureaus were instructed to move the daily exchange rate within a certain band from an indicative rate to be determined by the Central Bank of Sudan (the managed floating exchange rate). On 13 February 2018, the Central Bank of Sudan issued an indicative rate of SDG 28.5 per US dollar for commercial banks and exchange bureaus, with a + or - 4 per cent range. Since these measures were partial and not implemented within a consistent fiscal and monetary framework, this did not help in halting the slide in the parallel market exchange rate, which continued to move from SDG 25 per US dollar in December to around SDG 45 per US dollar by late July 2018. The shortages of foreign exchange and the continuous decline in foreign reserves at the Central Bank of Sudan from US\$1.7 billion in 2013 to US\$0.874 billion in 2017, as well as the resulting exchange rationing have driven almost all private sector transactions to the parallel market, which trades at continuously higher prices.

## 2.6 Foreign trade controls

The shortage of foreign exchange prompted the Government to take a series of measures, but mostly with respect to administrative control in order to reduce imports and restrict foreign currency transactions. These measures, adopted in mid-January 2018, included: quantitative import restrictions banning 19 items from imports; requiring approval by the Central Bank for all imports; capping currency transfers; and cracking down on illegal currency traders. Other control measures included the prohibition on commercial banks from accepting foreign exchange deposits from importers purchased from the parallel market. Traders are now only allowed to deposit foreign currency purchased within the banking sector or generated by exports proceeds. Despite providing a temporary 'breathing space', these developments affected the business environment negatively and have not addressed the source of foreign exchange shortfall.

## 2.7 Liquidity control

Since mid-February, massive devaluations and high inflation have increasingly led people to withdraw cash from the banking system. To preserve value, people rushed to the banks to withdraw their deposits with the view to exchange Sudanese pounds for dollars, gold or durable goods. This led to an initial collapse of liquidity. The Central Bank of Sudan issued restrictions aimed to reduce the circulation of money in the country. Limits on cash withdrawals were imposed (SDG3,000, equivalent to US\$75, raised in March to 10,000, equivalent to US\$250 although each bank determines its ceiling based on its liquidity position). These measures have largely impacted business in the country.

The situation was further complicated by scarcities of fuel. Through Khartoum Refinery, Sudan satisfies 40 per cent of the consumption requirement of oil products in the country.<sup>3</sup> The Central Bank of Sudan was not able to provide US\$90 million for the maintenance of the refinery in 2016, and as the situation became critical in 2017, posing a serious threat to the refinery, the Ministry of Oil and Gas decided to shut it down from March to May 2018 for critical maintenance. The Government had to import all the petroleum products during this period. However, due to severe foreign exchange shortages and the inability of the Government to import required quantities on time, severe scarcities emerged. Fuel supplies began dwindling in early April. Long queues emerged. The shortage led to a hike in the price of petrol on the black market, with the cost of a gallon at SDG150 (US\$5.30) in Khartoum, over five times the official price of SDG27. Farmers also complained that they were unable to transport their products to market because hundreds of trucks had been grounded.

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<sup>3</sup> Khartoum Refinery produces 850 tonnes/day of LPG, or 85 per cent of consumption, around 3,300 tonnes of gasoline, or around 40 per cent of diesel consumption in the country. It also produces all benzene consumed in the country.



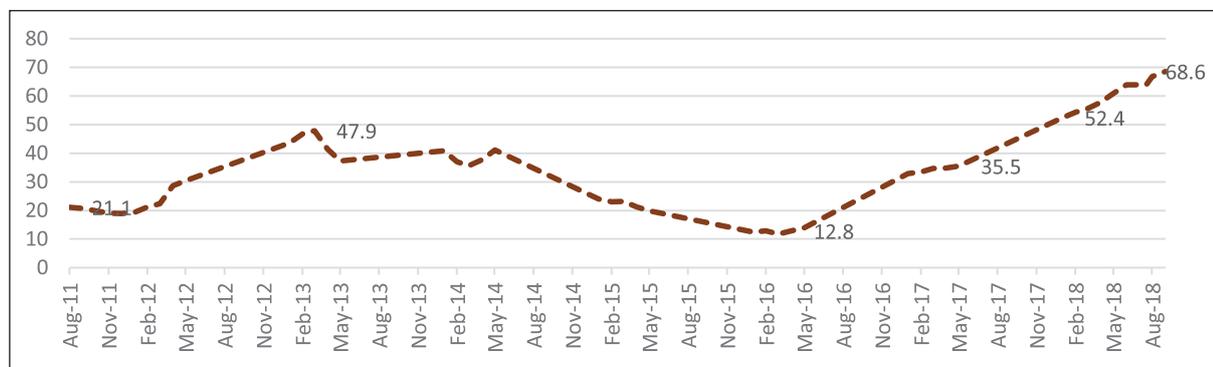
**CHAPTER THREE**  
**THE OUTCOME OF RECENT ECONOMIC**  
**POLICIES**

## CHAPTER THREE: THE OUTCOME OF RECENT ECONOMIC POLICIES

### 3.1 The monthly inflation rate

Despite the policy package aim of achieving macroeconomic stability, these policies resulted in a rapid and unprecedented levels of price increases. Inflation in January soared to 52.4 per cent from 25.2 per cent in December 2017, and continued to climb, reaching 68.6 per cent in September 2018, the highest since secession of South Sudan in 2011.

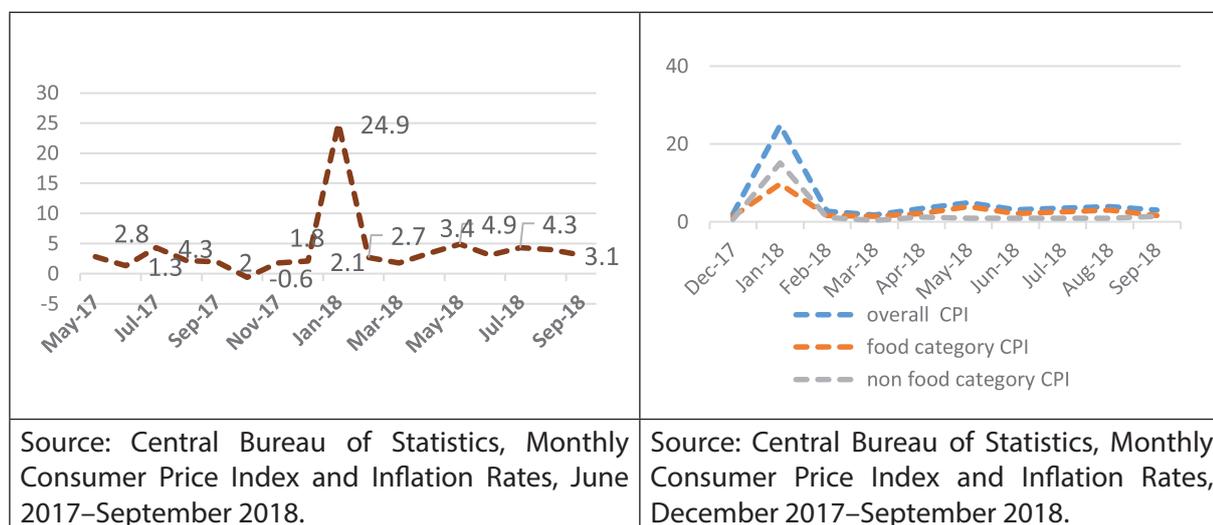
**Figure 4. Monthly inflation rate, July 2011 to September 2018**



**Source:** Central Bureau of Statistics, Monthly Consumer Price Index and Inflation Rates, January 2011—September 2018.

### 3.2 Consumer Price Index and monthly price changes, January–June 2018

The dramatic policy results are reflected in Figures 5 and 6. The average monthly change in CPI for consumer goods and services jumped from 2.1 per cent in December 2017 to 24.9 per cent in January 2018. The jump in January was driven by food items in the consumption basket (9.7 per cent) and the transport category in the CPI (7.0 per cent). The two categories constitute around 67 per cent of the total categories (39 per cent for food and 28 per cent for transport). Monthly CPI change though declined to 2.7 per cent in February 2018 after the initial push in January, consistently increased to 4.92 per cent in May 2018 and slightly declined to 3.1 per cent in September 2018, as reflected by the monthly change in the CPI.



**Source:** Central Bureau of Statistics, Monthly Consumer Price Index and Inflation Rates, June 2017–September 2018.

**Source:** Central Bureau of Statistics, Monthly Consumer Price Index and Inflation Rates, December 2017–September 2018.

The changes in the monthly CPI since February were mainly driven by food categories.<sup>4</sup> Food prices fluctuated consistently with general prices as food component in the CPI is large. The food category constitutes around 52.9 per cent of the CPI basket, followed by energy (14.2 per cent) and transport (8.3 per cent), while other categories including house utilities and maintenance, clothing, health, education constitute 24.6 per cent (Table 4). The overall income of urban poor is affected by food price increases. In an emerging economy, the food share of household spending typically exceeds 25 per cent, and in developing countries, it is above 50 per cent;<sup>5</sup> in Sudan, it is about 53 per cent.

<sup>4</sup> Food prices reflect changes in inflation (between food and non-food, etc.) but are not its major cause. This fact is important to highlight so as not to lose sight of the real causes for increased inflation, which are monetary expansion and ill-conceived macro-economic policies aggravated by structural constraints.

<sup>5</sup> IMF External Relations Department, Survey, Vol. 37 issue 7, PP104.

Monthly inflation has consistently increased from January to June for the major categories of the basket including food and transport (except for June), and maintenance. Energy continues to be subsidized and has maintained stable prices. The health category witnessed high and increasing inflation rates close to 60 per cent in the last three months, while the education category inflation rates, although are extremely low with one digit of 6-7 per cent up to May 2018, sharply increased to 23.3 per cent in June.

All staples in Sudan are produced domestically, but domestic supplies of some commodities such as wheat flour, lentils, beans, sugar, vegetable oil and milk are supplemented with imports. Hence, the domestic prices of these products are heavily affected by global price movements and the exchange rate.

**Table 4. Annual inflation rates by category and category weight in the CPI basket, January–June 2018**

	Category weight (per cent)	Jan. 2018	Feb. 2018	March 2018	April 2018	May 2018	June 2018	Sep. 2018
Food	52.9	56.2	54.3	60.2	60.8	65.0	69.1	74.7
Electricity, gas, fuel and water	14.2	21.2	11.2	19.5	19.9	18.9	18.4	28.7
Transport	8.3	64.7	22.7	67.6	75.6	78.7	66.7	76.4
Household utilities and maintenance	6.9	70.3	36.5	71.6	74.5	78.2	77.1	58.9
Clothes and shoes	4.5	27.4	115.9	29.0	31.2	37.3	51.6	58.9
Education	2.7	7.0	55.6	6.5	6.5	7.3	23.3	22.6
Miscellaneous	2.6	45.6	45.2	50.6	53.5	57.0	58.1	53.8
Restaurants and hotels	2.3	62.1	76.8	67.8	67.1	66.3	63.0	79.1
Recreation	2.2	66.7	65.9	70.5	74.6	73.5	73.5	71.7
Telecommunications	1.7	36.9	105.1	56.7	55.9	59.2	59.2	62.2
Health	1.0	61.9	7.6	57.8	58.5	59.3	59.1	53.6
Tobacco	0.7	12.2	82.3	31.4	31.4	33.3	33.1	33.7
	100							

**Source:** Central Bureau of Statistics, Monthly Consumer Price Index and Inflation Rates, January–June 2018.

### 3.3 Monthly inflation trend in Khartoum State

Khartoum monthly changes in consumer prices as reflected in the CPI inflation follows the national trend, with a surge in the CPI from around 1 per cent in December 2017 to 25.9 per cent in January 2018 (26-fold), settling at a low 1.3 per cent in February but with an increasing trend to August 2018 (Table 5). The inflation rate in Khartoum, although lower than the national average, increased by around 80 per cent in January 2018 (46 per cent) compared to December 2017 (25 per cent) and continued to increase, reaching 60 per cent in September 2018. The inflation in Khartoum is mainly driven by the increase in the food category, which also affects the increase of food inflation at the national level since Khartoum has the largest share of food category compared to all other states

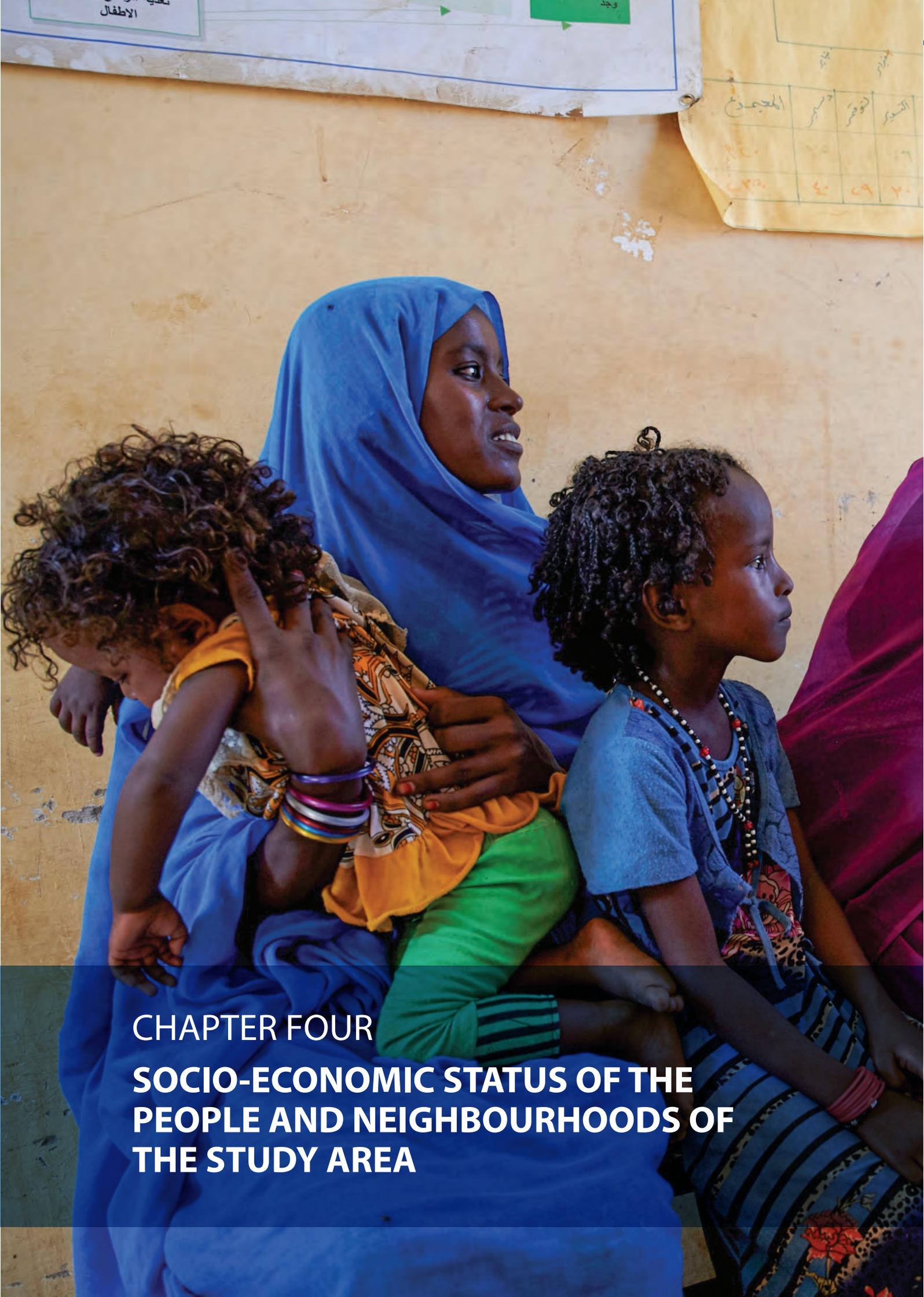
**Table 5. Monthly price changes and inflation in Khartoum State, December 2017 – May 2018**

	<b>Dec. 2017</b>	<b>Jan. 2018</b>	<b>Feb. 2018</b>	<b>March 2018</b>	<b>April 2018</b>	<b>May 2018</b>	<b>June 2018</b>	<b>Aug. 2018</b>	<b>Sep. 2018</b>
<b>Change in monthly CPI in Khartoum State</b>	1.0	25.9	1.3	0.9	1.4	3.5	4.2	4.3	2.6
<b>Monthly inflation rate in Khartoum State</b>	25.2	45.7	47.1	47.6	47.5	49.2	55.2	59.1	59.6
<b>Share of Khartoum State's food inflation out of all states</b>		18%	26%	23%	22%	22%	24.8%	21%	17.8%

**Source:** Central Bureau of Statistics, Monthly Consumer Price Index and Inflation Rates, January–September 2018.

Given this unprecedented magnitude of price increases during January 2018, which continued until September 2018, concern has arisen among policymakers, and international humanitarian and development partners over their impacts on the population and the poor, particularly in Khartoum. The poor in the urban areas of Khartoum are hurt by inflation and high price increases, because, being a regressive tax, the inflation burden disproportionately falls on them. Just like in all urban areas, there are two reasons for this: the poor tend to hold most of their financial assets in the form of cash rather than in interest-bearing assets; and they are generally vulnerable compared to higher income groups (due to lacking assets and access to credit), and unable to protect the real value of their incomes and assets from inflation. Several challenges ensue. Ensuring the appropriate level of nutritional intakes becomes problematic and, in this context, poorer women and children are particularly at risk since higher food prices can worsen their already precarious nutrition status. Furthermore, higher prices and their impact on eroding incomes are also expected to affect breastfeeding, child-care, child labour, school attendance and out-of-pocket health expenditures. The reduction in the purchasing power of many households constitutes a substantial risk that those who had risen above the poverty line may fall back below it.

The detailed survey on the urban population in Khartoum provides a better understanding of the impacts of these policies and more insight into the possible measures to address the volatile situation faced by the urban poor in Khartoum.



**CHAPTER FOUR**  
**SOCIO-ECONOMIC STATUS OF THE**  
**PEOPLE AND NEIGHBOURHOODS OF**  
**THE STUDY AREA**

## CHAPTER FOUR: SOCIO-ECONOMIC STATUS OF THE PEOPLE AND NEIGHBOURHOODS OF THE STUDY AREA

### 4.1 Socio-economic status

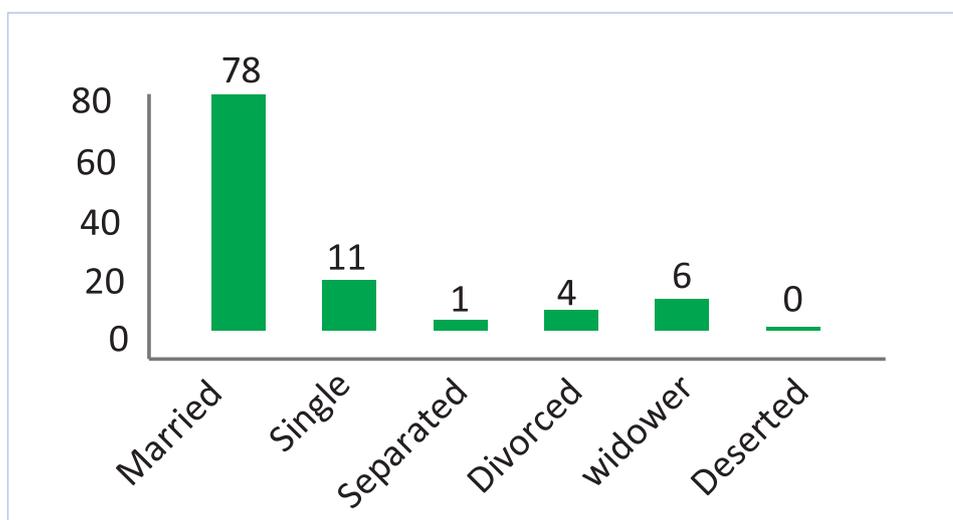
#### 4.1.1 Average number of household members by sex

For the entire sample, a typical family size in the study area is on average six persons without any variation between localities. This average is more or less the average household size in Sudan. For the 500 households surveyed in Khartoum urban areas, interviews were conducted with the head or the person who was available at the time and capable of providing the relevant information (whether male or female). Accordingly, the respondents' sex ratio was 70 per cent male and 30 per cent female. The highest percentage of male respondents was in Omdurman and Khartoum localities, while the highest percentage of female respondents was in Ombada locality (Annex C Table 1). It should be noted that this ratio does not necessarily reflect the male to female-headed household ratio.

#### 4.1.2 Marital status of household head

For the entire sample, around 11 per cent of the heads of the households in the study areas were not married, 78 per cent married, 6 per cent widowed, 4 per cent divorced, 1 per cent separated and less than 1 per cent deserted. The highest percentage of widowed household members was in Ombada, followed by Karrari and Eastern Nile localities. The highest percentage of divorced household members was in Ombada, followed by Jabel Awlia. Karrari, while the highest percentage of unmarried heads of households is in Bahri and Khartoum localities (16 per cent each), followed by Omdurman localities (14 per cent), as shown in Annex C Table 2 and Figure 7.

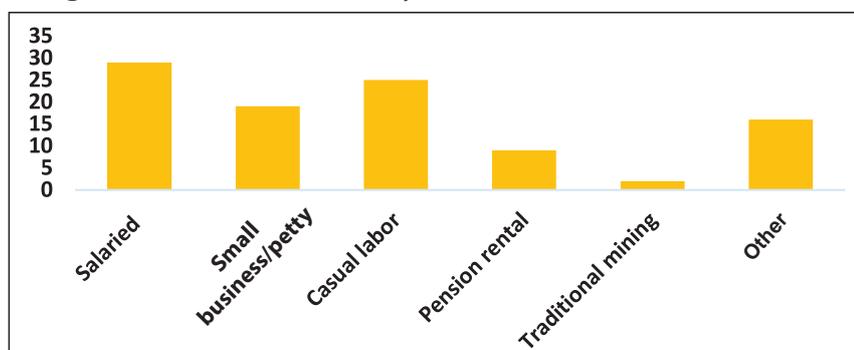
**Figure 7. Social status of the household head**



#### 4.1.3 Household income by source

Data in Annex C Table 3 and Figure 8 show household income by source.

**Figure 8. Percentage of household income by source**



For the entire sample, among the urban poor in Khartoum State, 29 per cent of the households earn their incomes from salaried work, 25 per cent from casual labour, 19 per cent from small business and petty trade, 9 per cent from pension or rental income, and 2 per cent from traditional mining. The remaining 16 per cent obtained their income from unspecified sources. When analysing the data across the localities, the highest percentage of salaried work was reported in Omdurman locality (41 per cent), followed by Khartoum locality (38 per cent) and Bahri locality (37 per cent), while the

lowest percentage of salaried work was reported in Ombada locality (12 per cent), followed by Karrari and Jabel Awlia localities (20 per cent each). Jebel Awlia and Ombada localities have the highest casual labour, with 45 per cent and 30 per cent, respectively. 'Small business and petty trade' is a recognized source of income in Khartoum locality (31 per cent) and Ombada locality (28 per cent). In Ombada locality, 15 per cent of respondents reported that 'traditional mining' was a significant source of household income.

Slightly more than one-third of all sample respondents (36 per cent) reported that the female members of the household had a separate income. Further, 28 per cent indicated that they had contributed to the family income. The highest percentage of those with a separate income was in Bahri locality (58 per cent) followed by Ombada locality (47 per cent). The highest percentage of females with a share in household income was reported in Ombada locality (46 per cent), followed by Khartoum locality (41 per cent). More observations can be made regarding the data in Annex C Table 4.

#### 4.1.4 Home ownership and housing conditions

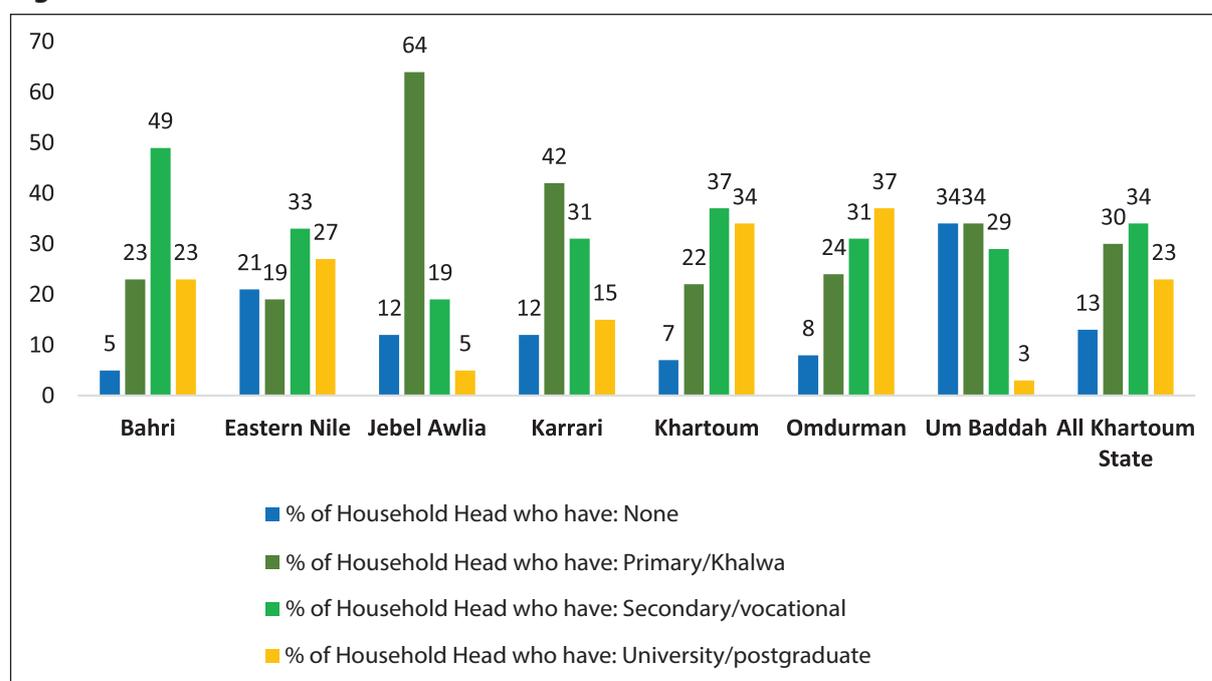
Household respondents were asked whether they owned, mortgaged, rented, inherited their house, or another unspecified situation. For the entire sample, 52 per cent of the respondent stated that their houses are owned, 26 per cent rented, 18 per cent inherited, and the remaining 4 per cent unspecified type of ownership. With the exception of Ombada locality (at 35 per cent), the percentage of the households who owned their house varied slightly, between 49 and 58 per cent; the highest percentage of inherited houses was reported for Um Baddah locality (42 per cent) (for more details, see Annex C Table 5). Around 70 per cent of the sample do not pay rent because their houses are either owned or inherited.

The sampled households were asked whether they made any repairs to their homes, and if the answer was "yes", then they were requested to indicate the reason for this. Only 21 per cent gave a positive answer, around 40 per cent of whom stated that the reason was due to damaged floors or walls, and 22 per cent due to damaged or leaking roofs (Annex C Table 6).

#### 4.1.5 Education

In the entire sample in Khartoum State, 13.0 per cent of the respondents were illiterate. As shown in figure 9, this percentage varies from as low as 5 per cent in Bahri locality to as high as 34 per cent in Um Baddah locality (Annex C Table 7). Eastern Nile locality ranks after Um Baddah in level of illiteracy (21 per cent). The highest percentage of informal education (Khalwa) and primary education was (64 per cent), in Jebel Awlia followed by Karrari (42 per cent) and Um Baddah (34 per cent).

**Figure 9. Education status of the head of the household**



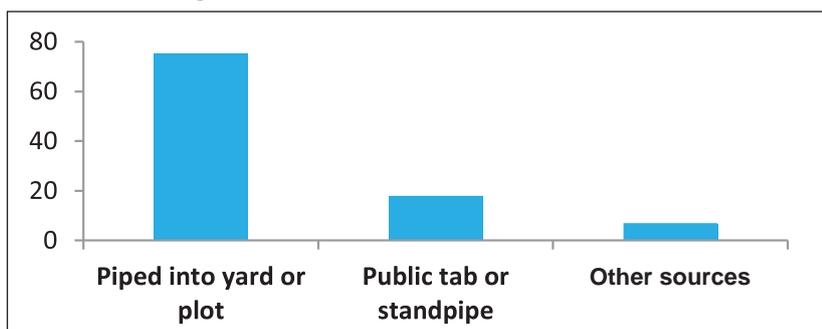
When the percentage of illiteracy and primary/*khalwa* education are combined, Jebel Awlia still ranks first, with 76 per cent, followed by Ombada (68 per cent) and Karrari (54 per cent). The percentage of household heads with secondary academic and vocational education is high in Bahri locality (49 per cent), followed by Khartoum locality (37 per cent) and Easter Nile (33 per cent). More than one-third of the heads of the household (37 per cent) had university and post-graduate education in Omdurman locality. Khartoum locality ranks second with slightly more than one-third of the heads of household (34 per cent) with university and post-graduate education. Eastern Nile ranks third, with 27 per cent

of heads of household with university or post-graduate education. In conclusion, the highest percentage of illiteracy and low education is reported in Jebel Awlia, Umbaddah and Karari, whereas Khartoum, Omdurman, Bahri and Eastern Nile localities have higher literacy rates.

#### 4.1.6 Water supply sources and conditions

The sample households were asked to indicate their source of drinking water. As shown in figure 10, three-quarters of the respondents in the entire sample indicated 'piped into yard or plot' as the main source of drinking water (Annex C Table 8). Another 18 per cent of the respondents reported public tap water or standpipe as the source of drinking water. These two sources together represent 93 per cent of the sources of water for the households. The remaining 7 per cent use a cart with a small tank or drum (6 per cent) and a tube well or borehole (1 per cent). The cart small tank or drum is a relatively important source of drinking water in Jebel Awlia and Um Baddah (23 per cent and 20 per cent of the respondents in the two localities, respectively).

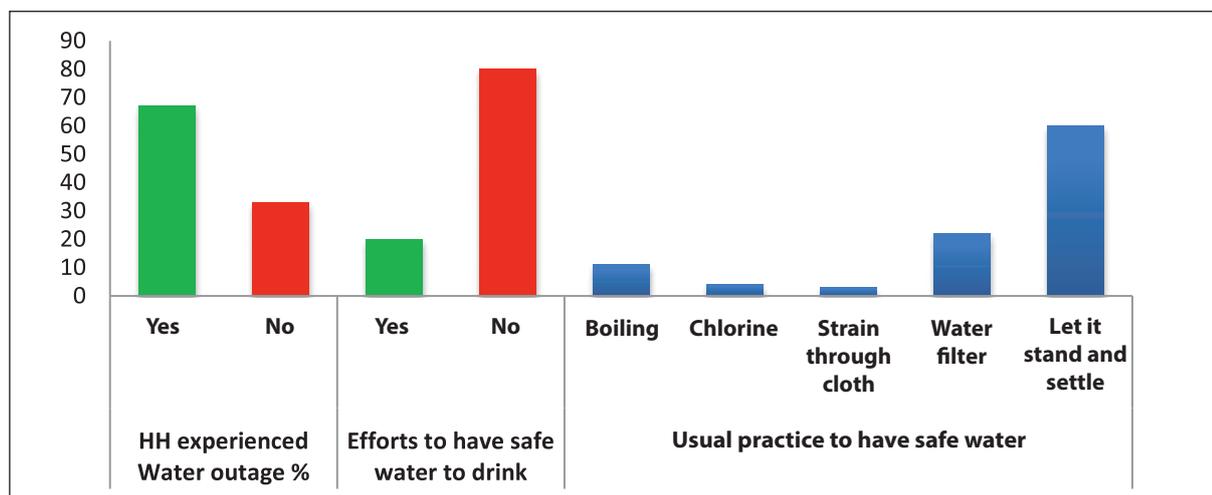
Figure 10. Sources of drinking water



The household respondents were asked about water outage and safety, about their efforts to ensure safe drinking water, and their usual practice for obtaining safe water. The responses are summarized in Annex C Table 9 and Figure 11. The following emerged from the interviews:

- Two-thirds of the sample stated that they had experienced water outages. This percentage is not very different between localities. The highest percentage reported in Bahri locality (71 per cent) and the lowest in Karrari locality (47 per cent).
- Twenty per cent of the respondents had to undertake great efforts to have safe drinking water. The highest percentage reported in Khartoum locality (48 per cent) and the lowest in Karrari locality (11 per cent).
- Most of respondents let water 'stand and settle' as a usual practice to obtain safe water; the highest percentage was reported in Jebel Awlia (95 per cent) and the lowest in Omdurman locality (19 per cent).
- Seventeen per cent of respondents in Karrari locality used chlorine, while 31 per cent of respondents in Ombada locality used cloth filtration to obtain drinking water.
- More results can be observed in Annex C Table 9.

Figure 11. Water outage and safety, rural poor in Khartoum State



## 4.2 Awareness and perceptions about recent economic policies

The results of the FGDs are discussed below.

Most of the people met during the survey reported that they were not aware of the exact policy and implemented by the Government since January 2018, as discussed in Box 1. Very few respondents were aware of specific policies related to their activity (Box 2).

### Box 1. Awareness on the economic policies

An old woman commented in Al Amal FGD: *"We know nothing about the economic policies; we only know the daily difficulties we experience and the hardships we face. Life is getting worse and worse, and our situation changed immensely. The Government doesn't make any effort to control this mess in prices."*

### Box 2. Impact of the transmission channels of the economic crisis

Another educated young man from Al Amal expressed his surprise: *"A sudden escalation in the custom tariff combined with the cash scarcity entered the market and caused a great upset, and I guess it's bringing us to the brink; we are able to continue only under Allah's blessings of Allah. The prices of most of the commodities suddenly tripled unexpectedly."*

From the above, it is evident that:

- none of the participants in any of the FGDs could detail all the policies;
- they were not interested in detailing them;
- they all opted for expressing their suffering and livelihoods struggle.

### a. Impressions, perceptions and acceptance

Most of the participants across the FGDs expressed their anger and annoyance when asked about their impression, acceptance and understanding of the policies. They voiced their rejection of the entire economic policy, as shown in Box 3.

### Box 3. Perceptions on the economic policies

One man in Dar El Salaam said, *"What shall we do? No one consulted us. We have no choice but to accept or refuse; they just impose what they want regardless of our suffering, and if we try to protest they will shoot us mercilessly."*

A young lady said, *"We are all against these policies but still keeping silent, I want to go to the street, shout and protest. Men have become like women; they just hide quietly, and any policies or decisions pass seamlessly. But I think if they tried this again, there will be no more silence."*

Another young lady during our discussion in Al Amal said with a passionate tone, *"We are against these policies, but to whom shall we complain? We are troubled. We can't express our views or what we really feel. Our only choice is patience; we are waiting for Allah to lift us from this situation or remove this regime."*

### b. Perceptions of the most vulnerable categories

The FGDs show that the categorization of the most vulnerable groups is determined by the context in general and in particular, foods, gender, house hold structure, demographic, and age group, job and jobless (unemployment), etc. (Box 4). They reported that all of the people were affected, but the severity of the impact on the different households depended on other factors, including: number of dependents, health situation, source of income, and above all, the area where one lives. Many participants said that all the household members suffered and that the most affected were children, especially those under five, the elderly, and lactating and pregnant women. Others added to the list the members who suffer chronic diseases and/or disabilities, as highlighted below:

- *"We are not able to buy materials for our work and support our children education."* – a female food and tea seller.

- “The number of our clients is becoming less and less due to an increase in prices.” –artisans.
- “We are frustrated as a result of the high increases in the prices of goods in the market.”
- The pension money is enough for two days only.” – pensioners.
- “Life has become difficult; we don’t know what to do.” – public sector workers.

#### **Box 4. Women, persons with disabilities are among the most affected by the economic crisis**

A female food and tea seller from Al Amal said, “Women endure heavy burdens, and when we fail to satiate our children’s hunger, we suffer more and more; the men fled, and many households crumbled.”

Another woman caring for her husband who suffers from kidney failure mentioned that she faced weekly difficulties to provide the cost of dialysis and transportation. Participants from El Nasr 12 agreed that all members of the community face similar sufferings, but the most affected are persons with disabilities (PWD) and the destitute poor.

In sum, the FGD participants categorized the most vulnerable as:

- Orphans
- The deprived among people with disabilities
- Households headed by widows and divorced women
- People who suffer from destitute poverty
- People with chronic diseases
- The elderly
- Unemployed heads of household
- Unskilled wage labourers
- Day labourers, especially women who serve in other peoples’ houses.

Each of the above categories claim to be the most affected by the recent economic policies. From the field work it emerged that all the people became isolated and entrapped in self-preservation, which adversely impacted on social cohesion and solidarity and erosion of moral values.

However, the residents in Al Manshiya and Riyadh seem more aware of and better informed about economic policies and their implications than those of poor neighbourhoods. They communicate through Facebook and did not report a significant change in their three-meal food basket. Also, none of the participants mentioned selling household assets. Their complaints included a lack of high quality goods in local markets. The coping mechanisms they adopted included reducing their travel abroad, firing employees and/or closing businesses. Being well off they were able to extend support to their drivers and domestic workers.

### **4.3 The poverty map of Khartoum State**

This poverty map is based on the observations and assessment of the survey team members of each locality and efforts to develop a poverty classification based on living conditions, the situation of children and women, and water, health and education services by neighbourhood. It is also based on income sources of the majority of the population, and degree of vulnerability expressed by people in the meetings. Below is an indicative map that exclusively shows the surveyed sites that were chosen randomly for the field survey. The map indicates that there were communities considered extremely poor (dark red), such as El Manara in Um Baddah, Toti in Central Khartoum, the Academic Block in Omdurman and El Salaam in Jebel Awlia localities. There were areas coloured red that were considered very poor such as: Karari Block 59 in Karari locality, Daim Eltaisha in Khartoum locality, all the three El Nasr blocks, and Fathelmubein in Jebel Awlia locality. Other poor communities included Eastern Maigoma in Eastern Nile Locality and Darussalam in Jebel Awlia locality. Nonetheless, there is a debate about the status of El Amir Blocks in Um Baddah locality where there are pockets of very poor people. The green dots on the map (not poor) are placed on Al Manshia and Elriadh neighbourhood only, both in Khartoum locality.





## CHAPTER FIVE

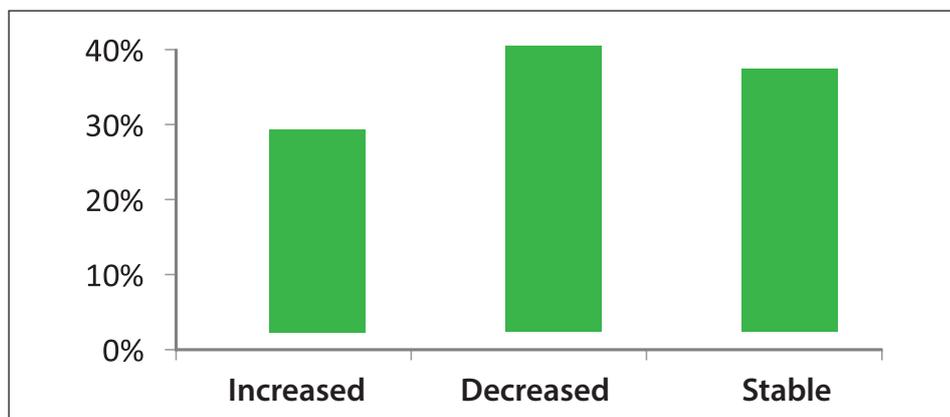
# TRANSMISSION CHANNELS OF THE ECONOMIC CRISIS

## CHAPTER FIVE: TRANSMISSION CHANNELS OF THE ECONOMIC CRISIS

### 5.1 The situation of household income

The household respondents were asked about the impact of the January 2018 economic policies on their income: whether increased or decreased or remained stable. Their responses are summarized in Annex C Table 10 and Figure 12. Around 35 per cent of the sample households stated having a stable income, 38 per cent that their income declined and 28 per cent that their income increased. The highest percentages of those who reported income stability was in Omdurman locality (50 per cent), followed by Eastern Nile locality (49 per cent) and Khartoum locality (40 per cent), as shown in Annex C Table 10 and Figure 12.

Figure 12. Household income after January 2018 economic policies



The decreasing income is well explained in the different FGDs by the serious impacts on the labour market and loss of jobs for many, and their resulting impact on wages, as discussed below.

#### 5.1.1 The labour market and loss of jobs

In all the FGDs the participants all mentioned that many people had lost their jobs following the implementation of the 2018 economic policies. They attributed this loss to the closing of businesses and the downsizing of the labour force. Also, many were forced to close their private small businesses. For instance, in Jebel Awlia, at least two in each FGD lost their jobs, including a driver, an airport worker, a police officer and a worker in an agricultural company. The following feedback summarizes most of the FGDs:

- *“There are many people who lost their jobs in the construction sector and private companies. Some of our sons lost their jobs due to downsizing the number of employees or the closure of factories.”* – food and tea sellers.
- *“My husband is a carpenter. He shut down his business because he could not afford to buy materials for his work.”* – a carpenter’s wife.
- In Jebel Awlia, one participant from Nasr 12 said, *“I closed my laundry shop because no one showed up for a month. People want to eat; they don’t have money for such luxuries. Many others closed their shops.”*
- In Mayo Ghabush and Nasr 14, the participants mentioned that 20 blacksmiths and carpentry workshops were closed. *“The materials we use for our crafts became very expensive, and we couldn’t continue.”* – a carpenter.
- In East Salha, Omdurman locality, participants of the FGD reported that no one lost their job, but that there were no job opportunities. Unemployment was rampant, and there was fear of the official authorities when talking about the current situation.
- *“In Halfayia, the price of vegetables increased and farmers were disadvantaged by the dollar price.”* – participant in the FGDs with unemployed persons. *“The cost for fertilizers become 800 Sudanese pounds where it used to be 450 Sudanese pounds, due to the US dollar exchange rate.”* – A FGD with pensioners).

#### 5.1.2 The effect on wages

In the areas where the group discussions were conducted, more than 25 per cent of the respondents were temporary wage labourers working for daily pay. They mentioned that there were no increases in their wages during the last nine months. In Jebel Awlia locality, most of the women left their houses daily to work as domestic helpers, from which they earned SDG50 a day.

### Box 5. The impact of the economic crisis on wages

A female teacher from Al fath working in a private school said, "No increases in the salaries, and fathers failed to pay the school fees. This why we haven't received our salaries yet." In a focus group discussion (FGD), government workers/employees in ministries and universities, and the university graduates recruited in the national civil service unanimously responded that their wages/salaries had not been increased during 2018.

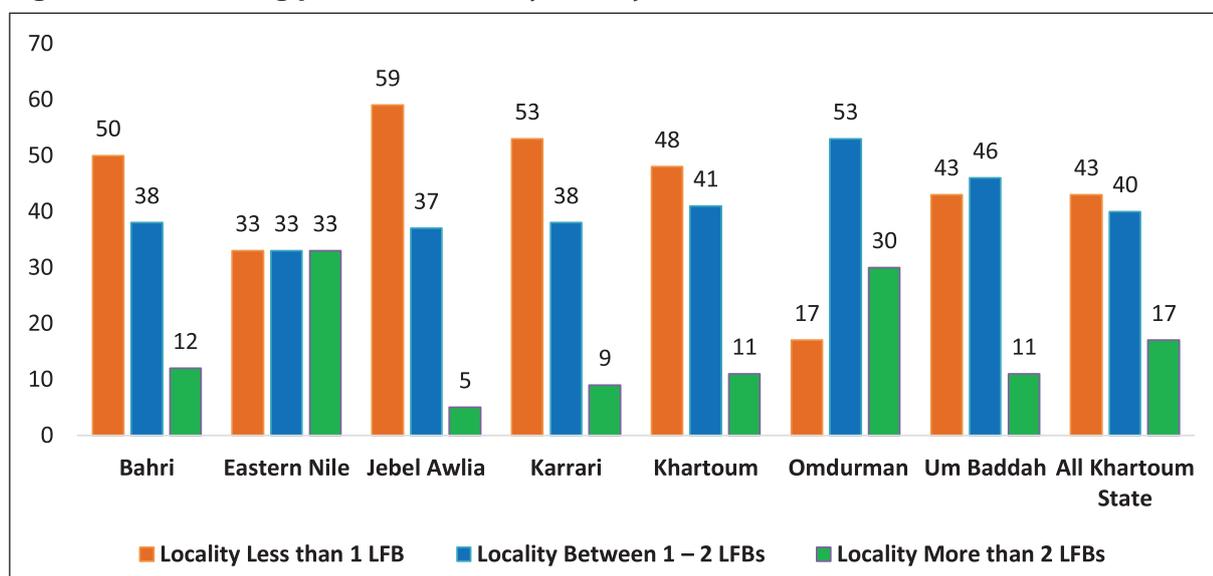
One woman in Al Amal said: "The wages are decreasing; we work for 50 pounds a day, while the prices are rising every day without any basis. No help from anyone; the situation is painful and unendurable. A few days ago, a woman died of hunger. I know a woman and her daughter who died of hunger; malnutrition is widely spread among children. I know many cases if you want to visit I can go with you. Some families depend on leftover food."

Most of the people who attended the FGDs were unskilled labourers; they had no fixed job nor a monthly salary. Many female participants are workers with fluctuating wages. They stated that sometimes they came back home with nothing while their children spent the day waiting for food. This explains why some of them were coerced into begging. In East Salha, Omdurman locality, people reported that salary increases of 30 per cent in the private sector were not enough to cover basic needs, and there were job resignations, leaving the service and taking a unpaid vacation.

### 5.2 The purchasing power decline in 2018

The purchasing power indicator used ranged from 'less than 1 LFB', 'between 1 and 2 LFB', to 'more than 2 LFB' where 1 LFB = SDG24.05. (The results are summarized in Annex C Table 11 and Figure 13.) In the entire State of Khartoum, around 43 per cent of the respondent households fell under the category of 'less than 1 LFB'; the highest percentage was in Jebel Awlia (59 per cent) and the lowest in Omdurman (17 per cent). The majority of households that fell in the category of 1-2 LFB (53 per cent) was in Obdurman, followed by Um Badah (46 per cent) and Khartoum locality (41 per cent). For the 'more than 2 LFBs' category, the highest percentage was in Eastern Nile locality (33 per cent), followed by Omdurman (30 per cent); the lowest percentage was in Jebel Awlia (5 per cent), followed by Karrari (9 per cent) and Um Baddah (11 per cent).

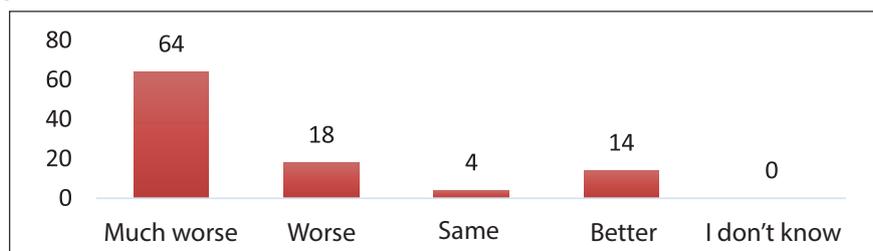
Figure 13. Purchasing power indicator by locality (%)



### 5.3 Comparing livelihood conditions before and after January 2018

Sample respondents were asked to evaluate their living conditions after January 2018 with those before January 2018. They were requested to indicate whether they were 'much worse', 'worse', 'the same' or 'better', or if they were not able to evaluate the situation ('don't know'). (Their responses are summarized in Annex C Table 12 and Figure 14.) Almost two-thirds of the respondents (64 per cent) stated that living conditions became 'much worse' and 18 per cent that it became 'worse'. The combined percentage of those who stated that their living conditions became worse (much worse and worse) was highest in Khartoum locality (98 per cent), followed by Jebel Awlia locality (97 per cent) and then Um Badah locality (90 per cent). Only 12 per cent said that their living conditions became better; the highest percentage of this group was in Omdurman locality (28 per cent).

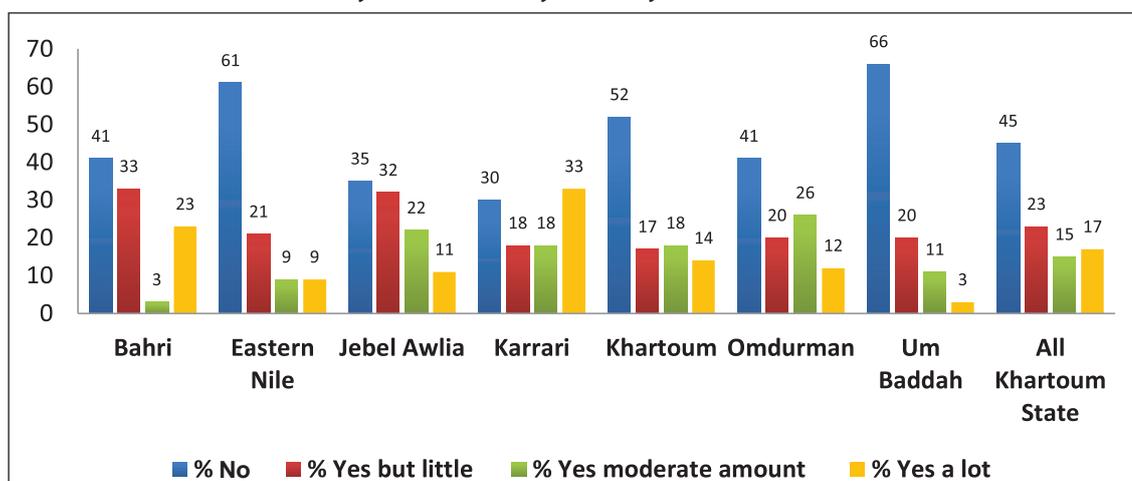
**Figure 14. Living conditions after January 2018 compared to before January 2018 for the entire sample in Khartoum State**



#### 5.4 Households' financial situation

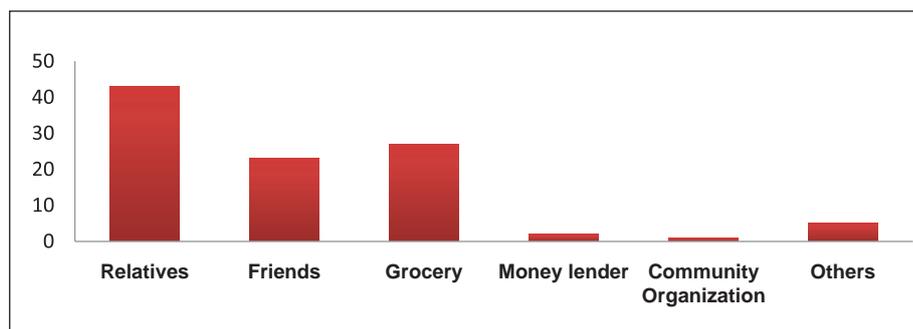
The household respondents were questioned about their financial situation (see Annex C Table 13 and Figure 15): around 55 per cent stated that they were indebted. Almost two-thirds of the sample households in Um Badah locality (66 per cent) stated that they were not indebted, following by Bahri, with 61 per cent. The highest percentage of indebted households was in Karrari locality (70 per cent), followed by Jebel Awlia locality (65 per cent). However, the highly indebted households were reported in Karrari locality (33 per cent).

**Figure 15. Households currently indebted, by locality**



The sample households were asked whether it was easy or difficult to borrow money (see Annex C Table 14). Around 46 per cent of the sample households considered borrowing difficult. This percentage ranges from a minimum of 20 per cent in Bahri locality to a maximum of 66 per cent in Um Badah locality.

**Figure 16. Relative importance (%) of potential sources for borrowing for sample households in Khartoum State**



The potential sources for borrowing include relatives, friends, moneylenders, community organizations, groceries and other unspecified sources (see Annex C Table 15 and Figure 16). Around 43 per cent of the household respondents indicated relatives as the main source of borrowing. Groceries owners were the second important source of borrowing (27 per cent), followed by friends (23 per cent). Ninety-three per cent of the sample households stated that the three sources combined (relatives, grocery stores and friends) were the main sources of borrowing. The highest percentage was reported in eastern Nile locality (96 per cent) followed by Um Badah locality (95 per cent) and Karrari locality (93 per cent).

The sample respondents were asked about the frequency of borrowing between December 2017

and after January 2018 (see Annex C Table 16). The following observations should be highlighted:

- The percentage of the households who had never borrowed increased from an average of 30 per cent for the entire State before January 2018 to 48 per cent after January 2018, indicating the negative impact of January 2018 economic policies on their livelihoods.
- In Eastern Nile locality, 61 per cent of the respondents said that they had never borrowed before January 2018. This percentage decreased sharply at the onset of the economic policies, to 38 per cent. In Jebel Awlia, the respective percentage declined from 51 per cent to 25 per cent.
- The highest percentage of those who relied on borrowing was in Um Badah (64 per cent before January 2018 and 71 per cent after January 2018).
- In general, the percentage of those who relied on borrowing across the localities increased after January 2018.
- The data also indicate an increase in the number of those who borrowed more than once a month.

**In addition, there was serious difficulty in accessing one's own money from the banking system or the employers, as expressed by the overwhelming majority of participants in the different FGDs.** The outcome of the FGDs shows that people have, to a large extent, lost trust in the banking system, including e-banking. Of those who participated in the FGDs, only the salaried workers and traders had bank accounts and used ATMs. The participants repeatedly complained of difficulties in obtaining money from the banks and ATMs:

- *"We don't deal with the banks and ATM. We heard that the banks do not give people their money. When people go to banks to withdraw money, they are usually told that there is no money."* — a food and tea seller.
- *"We have no relationship with the ATM. If we have money, we will not deposit it in the bank. Instead, we will invest it."* — a food and tea seller.
- *"No, no, no, it is not a good idea to put our money in a bank because when we go to collect our pension from the ATM, we have to queue for a long time. And quite often the machine will tell you it is out of cash. When you are lucky, you have get your money in small amounts."* — a food and tea seller.
- *"Brother, this is impossible; we have no money to deposit in the bank. As far as ATM is concerned, do you think we will go to the ATM to hear it say, 'may God give us and give you' (Allah yadeena wa yadeek). We will not deal with banks and ATM."* — a car mechanic.
- *We don't have money to deposit in the bank. However, in case we do have, we would prefer digging a hole and keeping it there."* – a pensioner.
- *"We deal with the banks only to get our salaries. We queue up at the ATM for the whole day in an effort to get our salaries. If you approach the teller at the bank and tell him/her that you are facing special circumstances, he/she may give it to you, but only SDG500. After all these experiences, if we have the option, we will not keep our money at the banks; we will keep it at home. People have lost trust in the banking system."* — a public sector worker.
- In terms of availability, accessibility and affordability of the basic goods and services, *"no single person in this area can afford his basic needs"*, an old woman from Nasr 12 complained. *"The prices are rising madly without any logic. We are living on minimum expenses. I have never witnessed such a situation in my lifetime."*
- *In most cases, availability is not a problem: groceries are full of goods; the issue is affordability.*
- When we asked the participants about cash scarcity, all of them in Mayo Salam responded spontaneously, laughing, by saying no!!! *"We don't have bank accounts; we only see many people waiting at ATMs."* A woman said, *"Our banks are here"*, pointing to her stomach.
- In Halfayia, the interviewees reported: *"Limited cash accessibility through banks is a nightmare for most of the groups (architecture labourers, farmers and drivers) because they count on the managers to pay them their daily salaries. In addition, their clients stopped engaging them in new tasks and jobs, because there is cash limitation in the market, which has resulted in decreased production and market stagnation."*

## 5.5 Access to health services

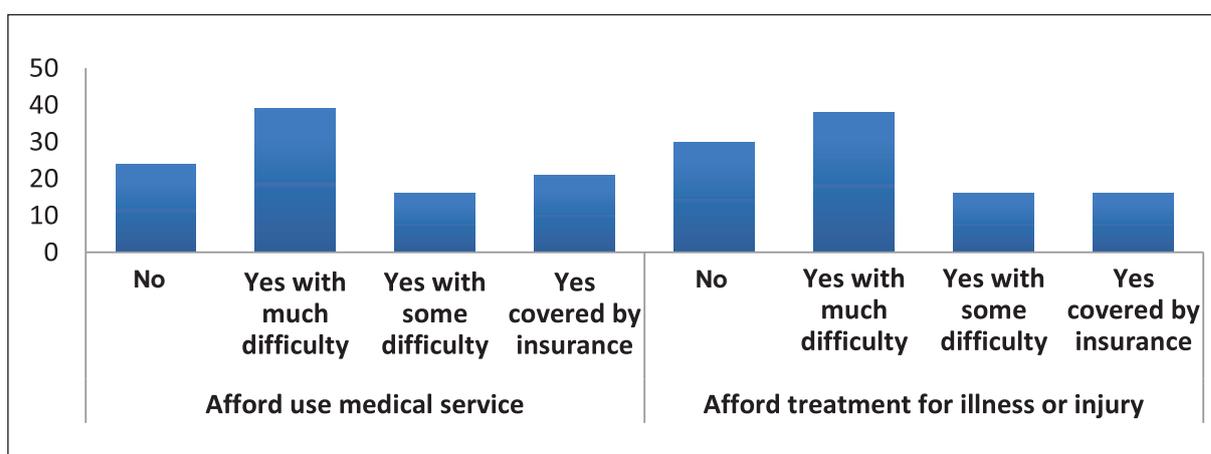
There is a general consensus among the communities that health expenses have gone beyond their financial capacities. The sample household were requested to report if they had suffered from illness and whether they received treatment. Their responses are shown in Annex C Table 17.

More than half of the total sample households in Khartoum indicated suffering from illness. This percentage varies from a maximum of 84 per cent in Um Badah to a minimum of 47 per cent in Bahri locality. Around 11 per cent of those who suffered from illness had not received medical treatment. When asked the reasons, more than two-thirds of the sample households indicated that they could not afford to pay for the cost of medical treatment. This percentage varies between localities, from a low of 50 per cent in Eastern Nile locality to a high of 100 per cent in Khartoum and Bahri localities. Almost 12 per cent indicated recurring to traditional medicine, while only 4.5 per cent indicated the unavailability of a nearby health centre. This percentage is to relatively high in Karrari locality.

The sample household respondents were asked whether after January 2018, their households afford the usual medical services as well as the cost of treatment for illness or injury. Their responses are summarized in Annex C Table 18 and Figure 17. The most important observations are as follows:

- On average, at the state level, 24 per cent of respondents said that they could not afford to pay for the cost of medical service. This percentage was more or less the same across the localities, fluctuates around the average (19 to 24 per cent). Karrari and Omdurman localities are an exception, at 30 per cent and 29 per cent, respectively.
- The percentage of households who could not afford to paying for the cost of treatment for illness or injury was 30 per cent on average for the entire Khartoum State. Again, the variation between localities can be ignored except for Eastern Nile locality where the percentage is small (15 per cent).
- Around 21 per cent of the sample household respondents indicated that they could afford the use of medical services because their households were covered by insurance, and 30 per cent stated that they could afford the cost of treatment for illness and injury for the same reason.
- The lowest percentage of those covered by insurance was in Eastern Nile (only 3 per cent), followed by Um Badah locality (6 per cent), Jebel Awlia locality and Khartoum locality (11-12 per cent, respectively).
- Karrari, Bahri and Omdurman localities, in that order, had the highest percentage of health insurance coverage, from 29 to 37 per cent.

**Figure 17. Accessibility to health services and affordability of treatment in Khartoum State after January 2018**



The data in Annex C Table 19 present the situation of access to health services before January 2018. Comparing these data with those in Annex C Table 18 does not reveal any apparent difference in the situation for the entire sample of farmers and between the localities. This indicates that the economic challenges facing the households were not only due to the January 2018 policies, but also to the policies prevailing in the country since cessation of South Sudan in July 2011.



**CHAPTER SIX**  
**RESPONSES OF PEOPLE AND THE**  
**GOVERNMENT, AND THEIR COPING**  
**STRATEGIES**

## CHAPTER SIX: RESPONSES OF PEOPLE AND THE GOVERNMENT, AND THEIR COPING STRATEGIES

### 6.1 Coping strategies

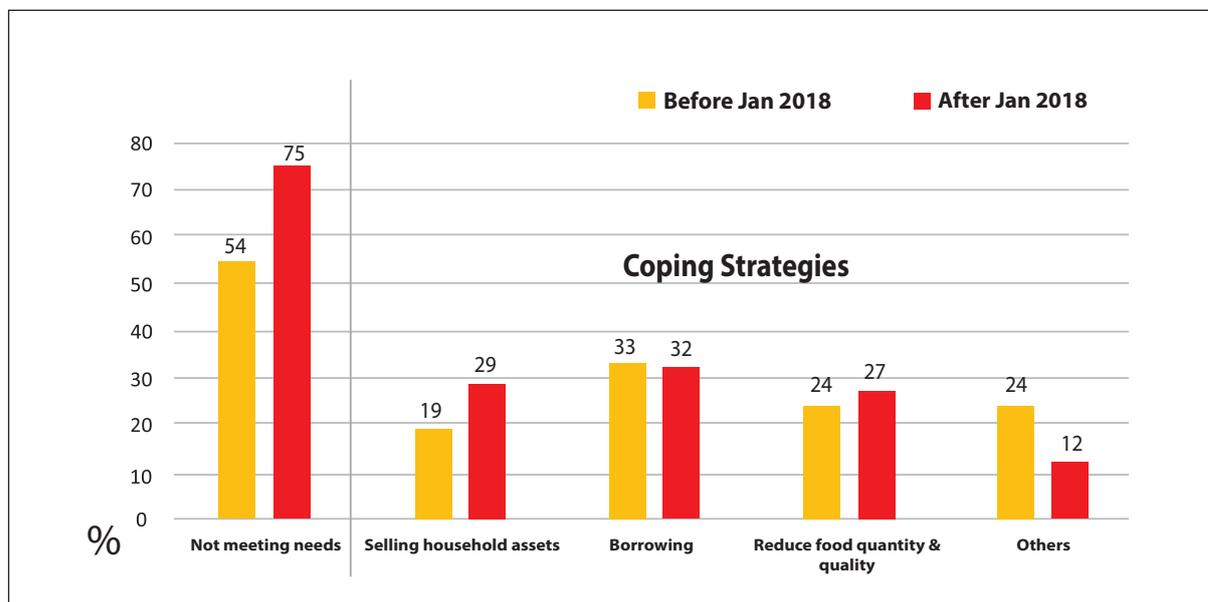
Sample households were asked whether their income was enough to meet their basic needs. For those who said that it was not enough, they were asked to indicate the option at their disposal to meet their needs. Annex C Table 20 summarized the responses of the sampled households. Although the data in the table are self-explanatory, the following observations should be highlighted:

- Three-quarters (75 per cent) of the sample households in Khartoum State stated that their household income was not enough to satisfy their basic needs. This percentage is more or less the same across the localities with the exception of Um Badah. The highest percentage was noted in Jebal Awlia locality (88 per cent), followed by Karrari locality (87 per cent) and then Khartoum locality (86 per cent)
- Concerning the relative importance of the available options to satisfy their basic needs, borrowing rank first (32 per cent), followed by reducing food (27 per cent), selling assets (16 per cent) and reducing the use of health services (8 per cent). The remaining 17 per cent of respondents, however, indicated that there were other sources without naming them.
- The borrowing and reducing quantity of food seem to be the two options that are the most stable across the localities since the coefficient of variation is low, indicating a low variability in the figures.

#### Comparing households' coping mechanisms before January 2018

The household respondents were asked whether their income covered basic needs of food, clothes, health expenses and education, as shown in Annex C Table 20. Slightly more than one-half of the respondents (53 per cent) said that their income did not meet their basic needs (Annex C Table 21). This response reflects the negative impact of the January 2018 policies, as shown in Annex C Table 20, indicating that 75 per cent of households since January 2018 have not been able to satisfy their basic needs (Annex C Table 20).

Figure 18. The income situation of households in Khartoum State



Annex C Tables 20 and 21 compare the situation before and after January 2018:

- The percentage of those who sold household assets increased from 19 percent before January 2018 to 29 percent after January 2018.
- The percentage of those who relied on borrowing remained almost the same during the two periods (32 percent, 33 percent).

The participants in the FGDs with specially selected groups adopted many, but in many ways similar, coping strategies such as:

- lower quantity and quality food (stopping buying milk, meat, fruits, salad, cheese and eggs. The meal consists of only one food item);
- borrowing in cash and in kind from shops, relatives and friends;
- stopping their daughters and sons from going to school/university;
- paying no or fewer visits to relatives and friends;
- increasing working hours from early morning up to sunset, which means long hours outside home;
- selling household assets;
- selling work tools and materials;
- selling houses;
- buying less quality, low-priced goods;
- resorting to traditional medicine;
- washing cars;
- reducing funeral days from three to one;
- offering condolences by phone;
- begging;
- performing additional work;
- rearing goats, sheep and chickens at home;
- providing vocational training for girls in various fields.

The following comments illustrate the above:

- *"I was forced to sell my house and live in the peripheral areas."* — a pensioner.
- *"I have six sons and daughters, two in university, three in basic education and one in kindergarten. In the past we used to eat good food both in quantity and quality. However, now we stopped having the 'luxuries' such as fruits, salads and milk."* — a car mechanic.
- *"We have very long working hours (before sunrise up to 10 pm) because we need to work in other places after our official working hours in the Ministry. Those who leave the Ministry before the end of the official working hours are penalized by the Ministry. For example, the Ministry deducted two-months' salary from one of our colleagues because he used to go to another job before the end of the official working hours".*
- *"I sold my clothes to buy food for my brothers."* — an unemployed youth.
- In Salha Omdurman, children left schools, trying to find other sources of income such as selling some goods in a small box (tishasha, or petty trade) in front of their house.
- *"In Eastern Nile Maygoma, the consequences of the new policies on living conditions were high prices of food commodities, which doubled — bread, sugar, milk, meat, vegetables and fruits. Also, availability is affected by these high prices, which had negative effects on consumption, leading to a reduced number of meals, to one meal a day on average, without the main items consumed in the meal such as vegetables, fruits and meat."*
- *"In El Manara Um Badda, many husbands are forced to migrate to search income, traditional gold mining in other states or abroad to Libya and Chad, and most of the kids leave schools and work as labourers in various sectors (markets and farms) and secondary school is unavailable."*
- In Southern Ameer Um Badah, the consumption pattern changed from cereals to bread, fruits and vegetables only at weekends (Friday meal); dairy products were consumed but once per week; and only one-eighth of a kilogram of meat shared by two families per week.
- In Halfayia, borrowing money is now very popular among poor people as a coping mechanism as well as changing the food consumption pattern and frequency. In addition, everyday commodities are not affordable for most of the household members, because they are day labourers. The Friday meal, for instance, was a good example of nutritional balance and diversity; it had different food items. Nowadays, the Friday meal is like any other meal, containing only one food item. In addition, the frequency of meals is now different; families have two meals only during the whole day with a longer time between them.

The main coping strategies adopted by the majority of FDG participants are discussed below.

i. **Borrowing**

The most common practice was borrowing from neighbouring shops, relatives and friends. Some people fail to repay in a short time.

ii. **Working hours and additional jobs**

The food and tea sellers, artisans and daily labourers all mentioned that to earn more income, they had to work long hours every day. Many of them work from early morning to sunset or sometimes later. Those who are employed by the public and private sectors usually seek work opportunities after their official working hours. Many of these people are forced to work on Fridays, hence, spend less time with their families. A female food and tea seller decided to leave her family home and stay with one of her relatives because his house was close to her workplace.

### 6.1.1 Food coping strategy

The sample households were asked whether they used food coping strategies — low coping, medium coping or high coping. (Their responses were summarized in Annex C Table 22 and Figure 19.) More than half of the sample households (52 per cent) said they were not using any coping strategy.

**Box 6. Reducing food consumption and withdrawing children from school are two of the most common coping mechanisms**

People in Al Amal and Nasr 14 stated that they had changed their working hours; some working even on Friday and during holidays. In areas where the focus group discussions (FGDs) were conducted, women were daily workers; they said that they worked the whole day for SDG50 and did not have the option of increasing their working hours. Most of the participants experienced changes in their consumption patterns. They gave similar responses when asked about food consumption. They mainly ate boiled beans and chicken spurs and no fruit, vegetables, or mutton. In Elfath, one woman said, *"We dropped morning tea from our expenses.."*

Many families withdrew their children from school, as reported in all the FGDs and in particular in Nasr 14, Elfath, Dar Elsalam, and Mayo Ghabush. In Nasr 8, three children of the FDG participants had discontinued their education because their parents had failed to pay the school fees and the daily expenses.

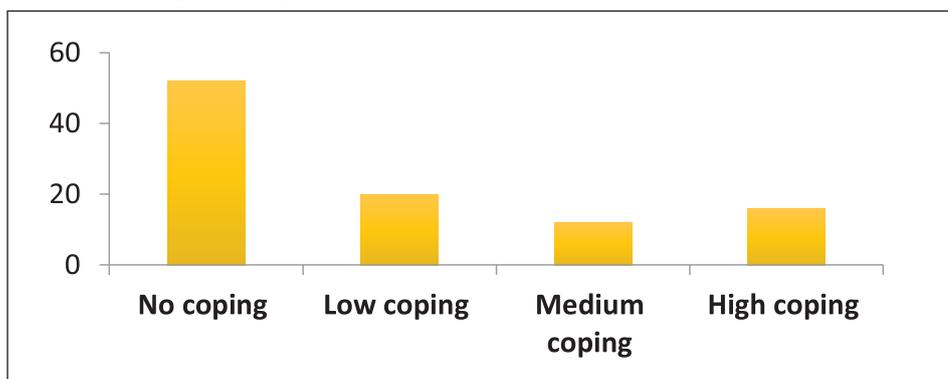
### Expenditure on food

The data in Annex C Table 23 and Figure 20 show expenditure on food as a percentage of total household income. These data are analysed by locality and for the entire Khartoum State, using the World Bank threshold as a proxy. For the entire sample of urban poor in Khartoum State, 75 per cent of households were above the World Bank threshold of 65 per cent. All sample households in Eastern Nile locality, around 84 per cent of households in Um Badah locality, and 80 per cent in Jebel Awlia locality belong to this group.

### The Food Consumption Score

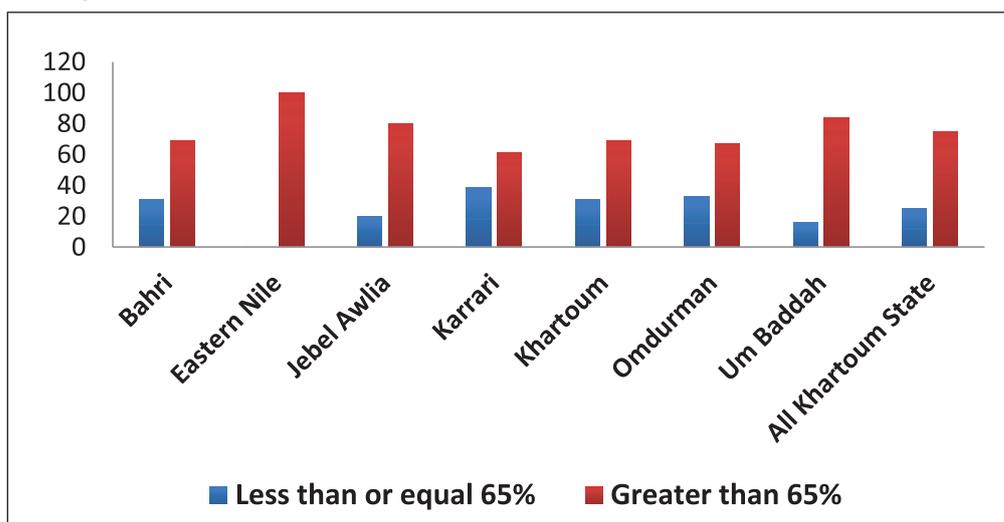
The Food Consumption Score (FCS) is a composite score based on dietary diversity, food frequency and the relative nutritional importance of different food groups. It is calculated using the frequency of consumption of different food groups consumed by a household during seven days before the survey. Scores are clustered into three groups; according to the results of the analysis, each household is categorized as having either poor, borderline, or acceptable food consumption. Applying this FCS to the data in Annex C Table 24 by locality and for the entire state, the following results emerge:

**Figure 19. Food coping strategies in all of Khartoum State**



- The FCS for most households in Khartoum urban areas is acceptable, at 86 per cent on average. The percentage of those who are poor or on the borderline is only around 14 per cent.
- For the poor or those on the borderline, the highest percentage of the households was in Karrari (44 per cent); the other localities had 12 per cent or less.
- However, these results should be treated with caution since this measure has limitations related to the assumption of the applicability of the analysis across time, context, location, population, etc. Also, the food category weights are based on inherently subjective choices, and aspects of diet such as kcal values or intra-household food distribution are not measured.

**Figure 20. Expenditure on food out of total household income**



In this economic crisis, most of the participants of the different FGDs indicated that people could only afford to buy less and poorer quality food. In the past, they explained, they had three meals a day, but now they have only two and sometimes one. They stopped buying meat, eggs, milk, fish and fruits, even bananas. One participant said that he had not had a cup of juice during the last six months.

- *“We buy alwazna or 125 grams of meat twice a week”.* This indicates that a household consumes only one kilo of meat per month.
- *“Food prices are unreasonable; we reduced the number of meals, changed the type of food we eat just to survive.”* — most of the participants.
- *“If you eat three meals a day, you are certainly a thief, this is an unquestionable fact regardless of your job.”* — a participant.

## Food consumption

All participants said that the impact of the economic policies can easily be seen in their meals which was poor in quantity and quality. Meat, salad and milk are considered by many as a luxury that they cannot afford. In the past, before January 2018, according to many participants, they tended to have three meals but now only two and in some instances, one, as mentioned below:

- *"We buy alwazna or 125 grams of meat twice a week". This means 1 kilo of meat per month". — food and tea sellers.*
- *"I haven't had juice during the last six months."*
- *"During the third period, after breakfast, a female school child started vomiting and physically collapsed. She was taken to a doctor who asked if she has taken her breakfast or not. Her answer was shocking. she said, 'Today it's my brothers' turn, not mine'"*
- *In the past, the family spent SDG100 per day on food. Now, SDG300-400 per day is needed to eat the same quantity and quality of food that they had before January 2018" (see Table 6).*

**Table 6. Main meals before and after January 2018**

Before/after	Number of dishes	Content
<b>Before</b>	3-4	Meat, salad, <i>kisra</i> , bread, rice or macaroni, and custard or fruits, followed by tea and coffee.
<b>After</b>	Only one dish and bread or <i>kisra</i> .	A pot of lentils or <i>omrigayga</i> (made from cooked dried okra with water and spices), and bread or <i>kisra</i> (Sudanese porridge). No deserts.

Most of the participants said that they switched from using gas to charcoal and firewood for cooking, because they could afford current gas prices, but it was easy for them to pay SDG20 for charcoal daily. One of them said, *"We know that charcoal is more expensive than gas if we calculate the daily consumption accumulatively for the whole month, but it's very hard for us to come up with an SDG250 lump sum to buy the gas cylinder."*

When the participants were asked about their meals, the response was similar in all the FGDs, as indicated in Box 7. They summarized the components of their daily meals as follows:

- lentils for breakfast, or in some cases for the single daily meal
- boiled bean (*ballaial*)
- chicken spurs (*asbur*) or butchery remains and bones
- on lucky days, offal (*camonia*)
- porridge
- *sakhina* (hot soup made from onions, tomatoes, water and spices).

### Box 7. The impact of the economic crisis on food consumption

- In Dar El Salaam, one woman said, *"Yesterday my kids ate bread with sugar for their breakfast" and other one continued sometimes we eat, the food remained from yesterday's meals, and we spent the last week, eating only one meal a day."*
- Many women responded: *"In fortunate days, we cook chicken spurs, which we call asbur, which cost SDG10, but now it has increased to SDG20. The average family consumes meat once a week or twice a week, and never more than a quarter of a kilogram. And in most cases, two families share a quarter of a kilogram. The term used for a 125g of beef is 'miscall'"*
- *"In Mayo Ghabush, there is special market for leftover food. We would visit this market. The children and teenagers go to the festival halls where people organize marriage celebrations and collect the leftover food, pack it again and bring it to this market; in some cases, the food turns smelly and rotten, but they still sell it. Some gather it from the restaurants. When we visited this market, at 11 am, the food was already finished."*

In Halfayia, food consumption changed in terms of expenditure and composition: last year, the meal was diverse and composed of different items, at least three to four food items, in which meat was an essential part of the meal and fruits were available either fresh or in a drinking form. But now, families eliminated the fruits and certain vegetables from their diet, and consume more cereals. Last year, the meal was rich and diverse; now it contains only one food item. In the past, juice was an essential item; now families forego fruit and vegetables. Salad is no longer served in Sudanese houses, and milk has been eliminated for a while, except for younger children.

### Expenditure related to food consumption

The participants were asked to divide their income by portions allocated for each item of their annual or monthly expenditure. Many of them said that it was difficult to do so because they did not have an expenditure plan or clear budget. Female participants in Mayo and Nasr said, "We are daily workers paid day by day; our wages range from SDG50 to SDG80 a day, mainly allocated for food."

But they tried to stretch their expenditure. Here are some examples in 2018:

- Cost of daily bread consumption, from SDG15 to 30, depending on the number of household members, adding to SDG450 to SDG900 per month;
- Cost of cereals per month, from SDG0 to SDG600;
- Cost of oil, tomato, onions etc. monthly from SDG400 to SDG900;
- Cost of clothing estimated for the whole year from SDG2,400 to SDG4,800, averaging 100 to 200 SDGs per month of transportation from SDG300 to 900 per month;
- Cost of education from SDG150 to SDG750 per month;
- Cost for health services, from SDG100 to 500;
- Fruits: excluded;
- Cost of house rental, which was not included in the list, from SDG0 to SDG2,000;
- The household income in all the quarters visited ranged from a minimum of SDG1,500 to a maximum of SDG5,000 if at least two members of the household are working.

Table 7 shows the expenditure of a female-headed household in Dar El Salaam with a monthly income not exceeding SDG2,500, assuming that she is a worker who is paid SDG80 per day.

**Table 7. Expenditure of a female-headed household in Dar El Salaam**

Item	Expenses per month in 2017 (SDG)	Expenses per month in 2018 (SDG)		
			Percentage in 2017	Percentage in 2018
<b>Bread</b>	150	600	5.8	13
<b>Other cereals</b>	70	150	2.7	3.3
<b>Oil, onion, tomato, okra, salt, etc.</b>	200	600	7.7	13
<b>Clothing</b>	70	150	2.7	3.3
<b>Transportation</b>	200	600	7.7	13
<b>Education</b>	150	500	5.8	10.9
<b>Health services</b>	150	500	5.8	10.9
<b>Fruits</b>	100	0	3.9	0
<b>House rental</b>	1 500	1 500	58	32.6
<b>Total</b>	2 590	4 600	100	100

The gap between expenditure and income is often filled through friends and relatives, borrowing and other social networks (*Allah kareem*).

Table 7 shows that the expenses of the female-household exceeded its income even before 2018. The participants listed the prices of basic food items in 2018 and compared them to 2017. In Nasr 14, the FGD was conducted in the market, where it was very easy to compare the prices, as shown in Table 5.

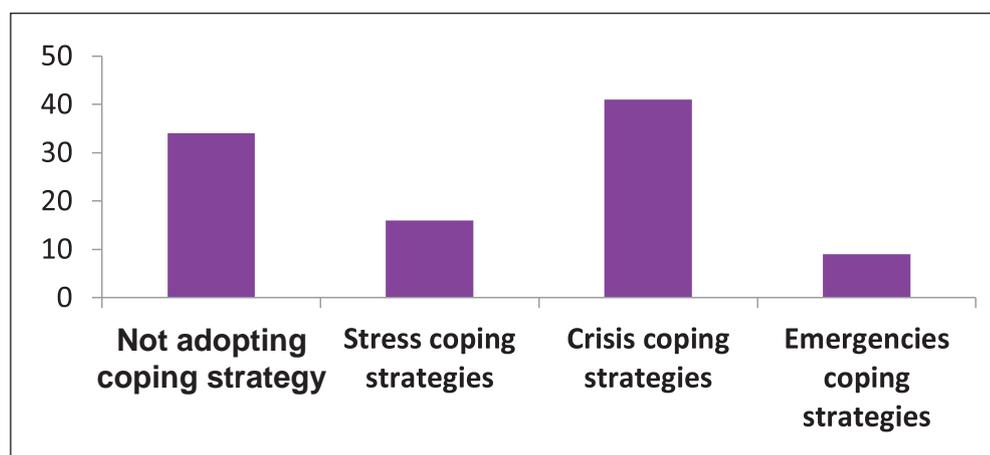
**Table 8. Price hikes in food items: Comparing 2018 prices with those before January 2018**

Item	Unit of measurement	November 2017	August 2018	Price increase (%)
Sugar	10-kg sack	95	240	252.6
Vegetable oil	9 lb	95	290	305.3
Tomato paste	400-g can	15	34	226.7
Tea	lb	40	120	300.0
Lentils	kg	28	57	203.6
Rice	kg	20	48	240.0
Powdered milk	2.5 kg	190	500	263.2
Beef	kg	55	160	290.9
Lamb	kg	120	250	208.3
Macaroni	10	65	135	207.7
Washing soap	Carton of 27 cakes	80	215	268.8
Powdered soap	3-kg sack	30	115	383.3

### 6.1.2 The Livelihood Coping Strategy Index

The Livelihood Coping Strategy Index (LCSI) is a tool widely used by World Food Programme (WFP), often used as a proxy indicator for household food insecurity. The LCSI, which is based on a list of behaviours (coping strategies), is highly useful for comparing across regions and countries, or across income/livelihood groups, because it focuses on the same set of behaviours. According to the data in Annex C Table 25 and Figure 21 the situation can be summarized as follows:

**Figure 21. Percentage of households that have adopted Livelihood Coping Strategies in Khartoum**



- Around 34 per cent of households do not adopt a livelihood coping strategy. In this category, the highest percentage was in Bahri locality (51 per cent), followed by Khartoum locality (45 per cent).
- Around 41 per cent of the sample households adopt crisis coping strategies. In this category, the highest percentage was in Jebel Awlia locality (53 per cent), followed by Karrari locality (51 per cent) and Eastern Nile locality (49 per cent).
- Sixteen per cent of the sample households adopt stress coping strategies, while 9 per cent adopt emergency coping strategies. The percentage of households that have adopted this type of strategy is generally low, between 12 and 21 per cent.

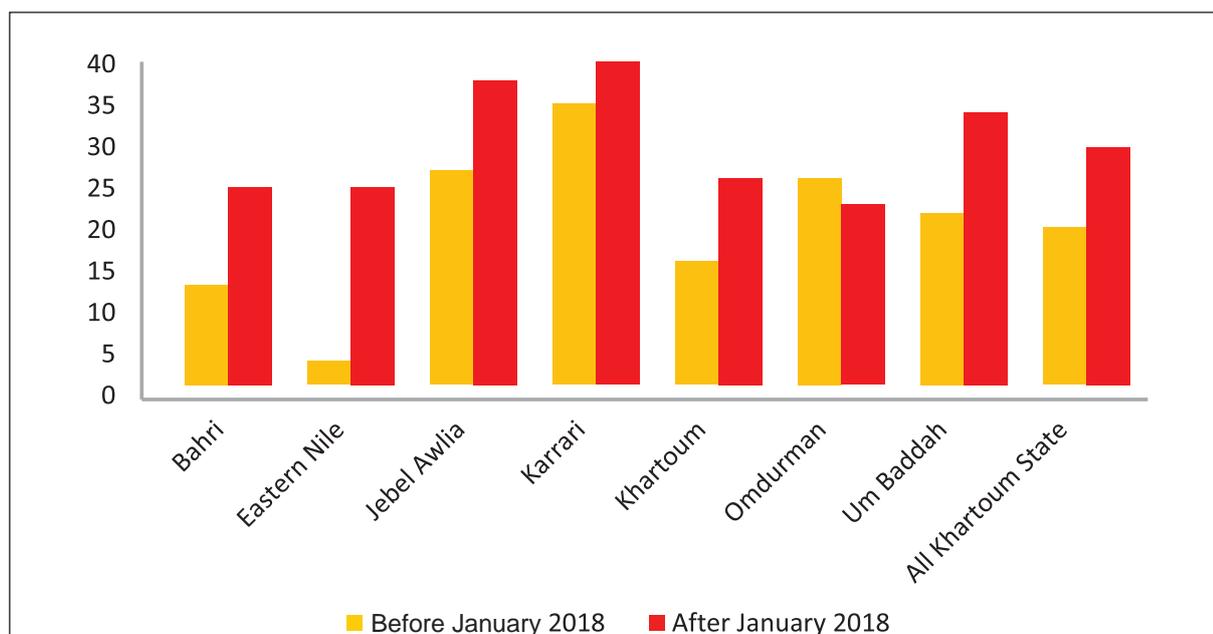
### 6.1.3 Selling household assets

As discussed, Annex C Tables 20 and Table 21 summarize the responses of households in terms of whether their income was adequate to meet their basic needs. On average, for the entire sample, around 17 per cent of the respondents reported selling household assets as one of the options for supplementing their income to meet their basic needs. The data in Annex C Table 26 compares the responses for the period before January 2018 and after January 2018. For the entire sample, the percentage of the household selling assets increased from 19 per cent for the period before January 2018 to 29 per cent after January 2018. Broken down by locality, comparing before January 2018 and after January 2018, the percentages were as follows: Karrari locality (34 per cent, 39 per cent, respectively), followed by Jebel Awlia locality (26 per cent and 37 per cent, respectively) and Um Baddah locality (21 per cent and 33 per cent, respectively). Figure 22 compares the strategy of household selling assets before and after January 2018.

#### Box 8. The impact of the economic crisis on the use of health services

- *"I sold my TV, beds and bedsheets for a medical operation."* — a food and tea seller.
- *"Yesterday I sold 12 chairs and beds to meet the cost of my mother's medical treatment."* — a food and tea seller.
- *"I sold a very big cooking pot, a table, a fridge and a gas cooker so that my sons and daughter can go to school and university. Also, I sold a TV for medical treatment because I was sick."*

Figure 22. Selling assets before and after January 2018



### Selling household assets

Most of the respondents said that they sold their household assets such as refrigerators, cupboards, chairs, golden rings, fans, kitchen utensils and mobile phones to meet the demands of their families. In some cases, people were forced even to sell their houses, as indicated in Box 8.

During the discussions, it was observed that asset selling was one of the most common coping mechanisms. People sell their assets to afford health and education expenses, and in most cases, to provide food for their children because they have no other options.

Many of the respondents in each FGD reported cases of assets selling. Two women in Dar El Salaam said that they sold their gas cylinders. One woman in Mayo sold her clothes to secure food for her children, and another woman sold her beds and fridge to afford education fees. Participants in Al Amal mentioned many cases of asset selling, the most moving of which was mentioned by a young lady, *"Our house is empty, we sold all our assets, beds, fridge, clothing, bed sheets, even the cooking kits and dishes, to afford the weekly medications for my husband who suffers from kidney failure."* Budget management and coping strategies summarized by the participants included borrowing, selling assets, withdrawing children from school, reducing the number

of meals, reducing the quality of food, fasting by parents to secure food for their children, reduced food consumption, child labour and reduced access to medical care. When participants were asked about their loans and how often they borrow, most agreed that borrowing was one of most regular coping mechanisms. However, it differs from quarter to another; for instance, people in Mayo said that they usually obtained food items on credit from the shops and the loan ceiling could not exceed SDG100.

Some participants said that they borrowed daily from a shop. "Shop owners give you SDG50, but you have to pay back in the evening; otherwise, you will not help you again in the future."

In Karari, FDG participants said:

- "Assets are for sale everywhere now. You can take a look around and check the second-hand market; some families do not have assets to sell; others are selling them to address health issues for their children's education. Several assets are there without buyers, there are cash problems."
- "I am an old woman, a widow, and I had to sell all of my household assets to cover the expenses of my surgery. Zakat did not support the case."
- "As a young man, I have several teeth to be repaired. I thought being a former soldier would solve the problem. I served in the Sudanese army for several years, and now the military hospital provides nothing for us. I can assure you that I'll approach my 29th year without a single tooth."

Almost all the household budget is spent on food. All participants indicated that they spent less on education, health and other services.

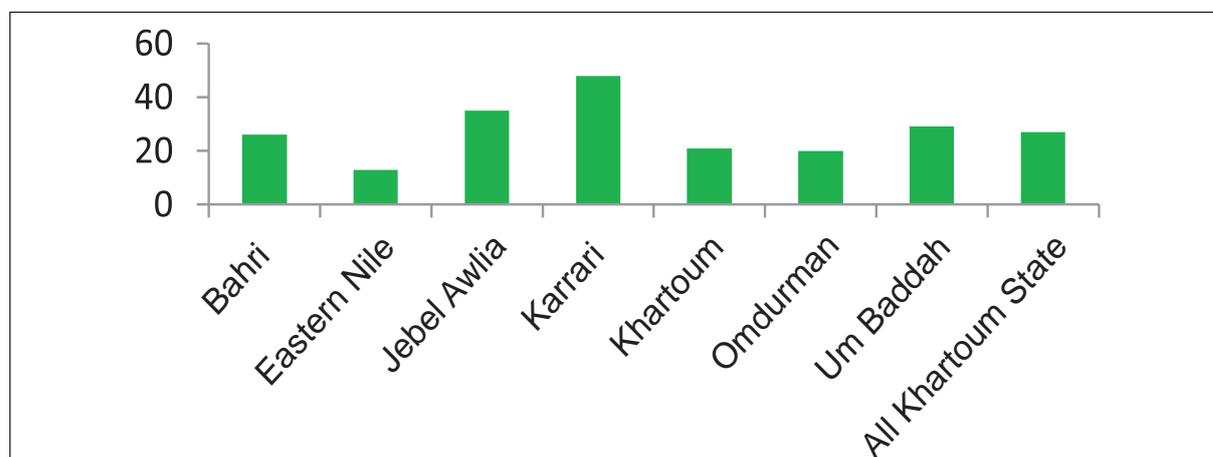
### Reasons for selling assets

The household respondents were requested to indicate the reasons for selling their household assets (summarized in Annex C Table 27): to secure food, to bear the cost of the health services, to pay education fees and to provide clothing. Securing food is indicated as the main reason for selling assets for almost half of the sample respondents (49 per cent). This percentage varies between as high as 70 per cent of the respondents in Um Badah locality and as low as 25 per cent of the respondents in Khartoum locality, followed by Karrari (61 per cent) and Jebel Awlia (57 per cent). For the sample, the major reason for asset selling was 'to pay for education' (23 per cent) followed by 'to pay for health services' (18 per cent); 'to provide clothing' was not that important a reason (6 per cent) (Annex C Table 27).

#### 6.1.4 Expenditure on education

The sampled households were asked whether they has reduced their expenditure on education after January 2018 (summarized in Annex C Table 28 and Figure 23); around 27 per cent of the respondents in Khartoum state indicated that they had done so. When asked how, 26 per cent said they have transferred their children to a lower quality school, 23 per cent from private to public school, 11 per cent withdrew their children from school, and the remaining 40 per cent reduced education expenses without indicating how they managed to do it. For those who transferred their children to low quality school, the highest percentage was in Bahri locality (44 per cent) and the lowest, in Eastern Nile locality (0 per cent) and Jebel Awlia (6 per cent). With respect to 'transferring the children from private to public school', the highest percentage was in Eastern Nile locality (50 per cent). With respect to 'withdrawing children from schools', the highest percentage was in Jebel Awlia locality (35 per cent); no single case was reported in Bahri and Eastern Nile localities.

Figure 23. Percentage of households that reduced expenses on education after January 2018



## Children's education

All participants provided information suggesting that families could not meet the expenses of their children's education (see Box 9). Many families were forced, under these difficult living conditions, to stop their children from going to schools and universities. These families with sons in private schools decided to take them out of school and send them to cheaper government schools. Children sometimes decided to stop going to school because their families did not have money for their transport and school fees. Many of these children were forced to work in markets. One school teacher observed that a school girl usually came with a glass of water and drank from it. The water was mixed with *kisra*, which is her daily breakfast. When the participants were asked about their coping strategies, 12 in the Dar El Salaam FGD withdrew their children from school because they could not afford the school fees and daily expenses. One woman added, "We either secure them one meal or pay for school expenses. Allah Kareem (Allah is merciful); one day they will continue their education."

### Box 9. The impact of the economic crisis on education

*"I personally stopped four of my children from going to school. Similarly, my neighbour stopped her son and daughter from going to school. Children who were in private schools have been transferred to government schools." — a food and tea seller.*

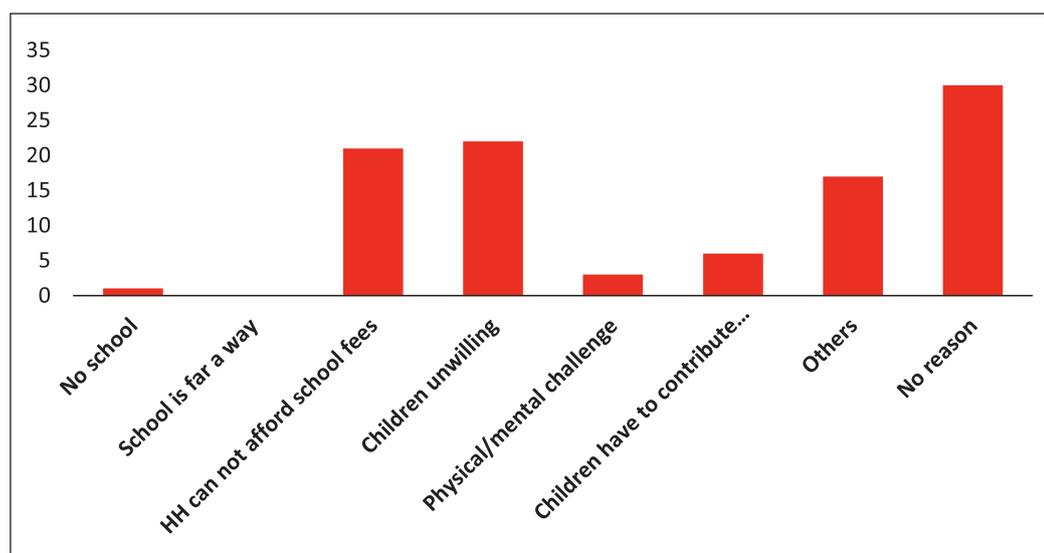
- *"I was admitted to the university, but I decided to put my studies on hold as I have no money to support my education." — a young girl.*
- *"My retired neighbour has five children. He sent two to their grandmother in Alnuhood to care for their education. The other three are staying with him but do not go school." — a food and tea seller.*
- *"I have eight children — two passed away, two became street children (homeless) and four refused to go to school because I cannot afford to pay the cost of their transport and breakfast." — a food and tea seller.*
- *The woman was in tears when telling the team that she was unable to pay the money needed for the education of her sons and daughters. "The government health care institutions have nothing to provide to patients. The alternative is to recur to traditional medicine. Those who are relatively better off financially may decide to seek medical care at private clinics. And in few instances when we can afford it, we go to private clinics or seek traditional medicine. We are spending less for health services. I am now sick. I have no money to go to the doctor. I will opt for traditional medicine."*
- *"I am not able to meet the expenses of my children's education. My son-in-law took them to live with him and educate them. I have three daughters who are living with me. I wanted them to get educated but I am unable to do so".*
- *"My neighbour's son in the 7<sup>th</sup> class has no notebooks, no school bag, and no money for his breakfast. He stopped going to school to work in the market and make money to meet his own expenses." — a public sector worker.*
- *"Many university students have put their studies on hold because they cannot afford pay the fees and for their breakfast", — a public sector worker.*

## Reasons for children not attending school

The household respondents were asked the reasons for their children not attending school; only 20 per cent of them responded, as summarized in Annex C Table 29 and Figure 24. Thirty per cent did not disclose any reason, while 17 per cent indicated that they had a reason but without specifying it. Around 21 per cent of the households indicated that they could not afford to pay school fees; around 22 said that their children were unwilling to go to school; and around 6 per cent said that their children had to contribute to the family income. Only 1 per cent of the households indicated the unavailability of a nearby school as a reason for children not attending.

More information and results can be extracted from the data in Annex C Table 29. In sum, the main reason for children not attending school was the households' weak financial position, in which they could not afford pay the school fees. In turn, they were reflected in children's reluctance to go to school because their families were not able to pay even their daily expenses.

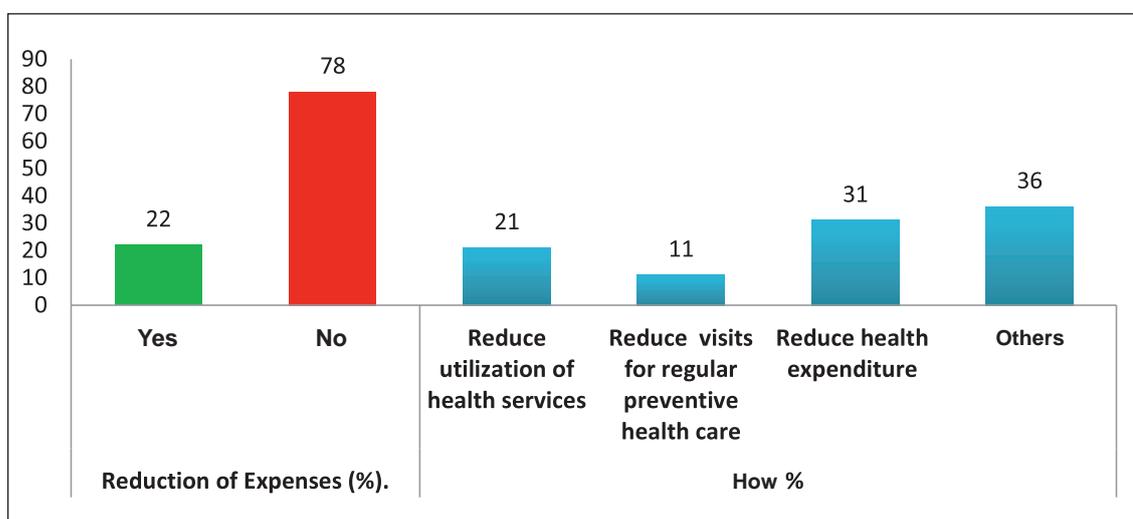
**Figure 24. Reasons for children not attending school**



### 6.1.5 Reduction of expenditure on health for children under 18

The sampled families were asked whether they reduced expenditure on health for children below 18 years old. Around 22 per cent answered “yes”. This percentage varies between a minimum of 6 per cent in Eastern Nile locality to a maximum of 43 per cent in Karrari locality. When asked to indicate how they reduced expenses, 21 per cent indicated that reduced health services, 11 per cent reduced the number of visits for regular preventive healthcare and 31 per cent reduced health expenditures including medicines. The remaining 36 per cent did not specify how they reduced expenditures (Annex C Table 30 and Figure 25).

**Figure 25. Reduction of expenditure on health for children under 18 after January 2018, by the urban poor in Khartoum State**



**Note:** The numbers in the figure in blue add up to 99 because the percentages are approximate.

### Health services

There is consensus among the FGD participants that access to health services has become difficult and expensive and people cannot afford to buy medicines. All the participants stated that no expensive medicines, including the lifesaving ones, were covered by the health insurance. Consequently, they opt for traditional medicine. The following reflects the health coping strategies:

- “To provide medical treatment for my sick daughter we opted for less food and meals. I also sold some of my important household assets.” – a food and tea seller.
- “To seek assistance for the medical treatment for my sick daughter, I went to the Zakat Chamber. They kept telling me to go away and come back again. At the end, when I got tired, I stopped going to them. I am now waiting for God’s will.” – a food and tea seller.

All participants stated that the decision on free healthcare for children under five was not implemented.

- *"We have not heard about the decision on free health care for children under five; we think it has not been implemented. However, vaccinations are free."*
- *"Yesterday I took my son, who is three years old, to the hospital. I paid for the cost of the medicine. Only seeing the doctor is free."*
- *"We have not heard about this decision. Our neighbour's son, who is two years old, did not receive free medical treatment."*
- *"Yesterday I found an old woman lying on the street. When I asked her, she said she didn't have the medicine for blood pressure because she didn't have the money to buy it." – an unemployed youth.*
- *"There is no free healthcare for children under five. When we failed to pay the cost of medical treatment at a government [facility] for the newborn son of my daughter, we opted for traditional medicine and treatment by the Holy Quran"; – pensioners.*
- *"I have a six-month old child. I took him to a government hospital and paid SDG 600 although I was using my health insurance identity card." – a food and tea seller.*
- *"I took my nine-month old child to a government hospital. I paid SDG15 for hospital entrance fees and SDG200 for his medical treatment." – a car mechanic.*
- *"When I told the doctor at Ibrahim Malik hospital about the decision on free healthcare for children under five, he told me that this was lip service and to go to the accountant and pay." – a public sector worker.*

## 6.2 Government responses

### 6.2.1 Formal social assistance: January 2018 and beyond

Only 9 per cent of the sampled households of the urban poor in Khartoum State reported having obtained formal social assistance. The highest percentage (17 per cent) is reported in Khartoum locality, and the lowest (only 3 per cent) in Um Badah locality. Out of this meagre percentage, 62 per cent was in the form of cash, 24 per cent in food and 6 per cent in clothes. Around 54 per cent of this support came from the Government, 22 per cent from private sources, 5 per cent from NGOs, and the remaining 19 per cent from other unspecified sources (see Annex C Table 31).

### 6.2.2 Financial or in-kind assistance in 2018

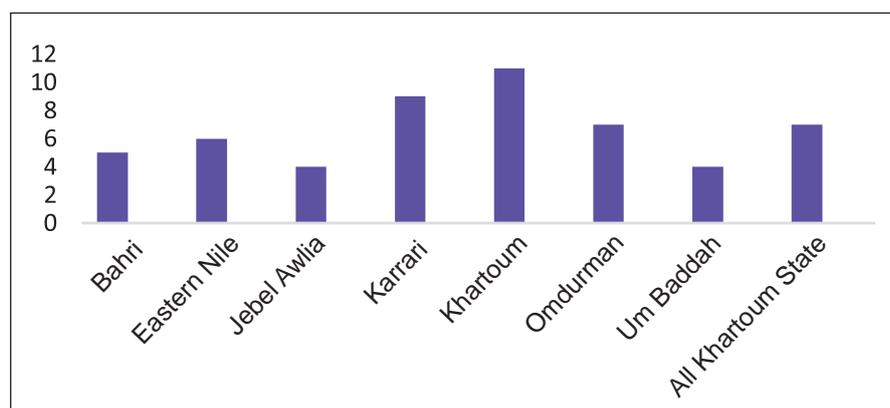
The household respondents were asked whether they had received financial support (in cash or in kind) and the source of assistance (Annex C Table 32). The majority of households (78 per cent) indicated receiving no financial support. This percentage varies between 73 per cent in Jebel Awlia locality and 90 per cent in Um Badah locality. The highest percentage of those who received assistance was in Khartoum locality (30 per cent), followed by Jebel Awlia locality (27 per cent) and Karari locality (26 per cent), while the lowest was in Um Baddah locality (10 per cent). Relatives were the most important source of assistance, as indicated by 56 per cent of the sample households at the State level; the percentage varies between a minimum of 17 per cent in Um Badah locality and a maximum of 68 per cent in Khartoum, Omdurman and Eastern Nile localities. Charity was the second most important source of assistance, as indicated by 20 per cent of the sample households; the highest percentage was in Karrari locality (44 per cent), followed by Um Baddah locality (33 per cent), in which government support was the most important source (50 per cent of the respondents).

The data in Annex C Table 33 show the financial assistance received by sample households, in cash or in kind, before January 2018. Comparing this data with the situation after January 2018 showed no significant difference between the two periods.

### 6.2.3 Microfinance

The urban poor in Khartoum State did not access microfinance, as indicated by the absolute majority of the responding households (93 per cent); only 7 per cent accessed microfinance (Annex C Table 34 and Figure 26). The highest percentage was in Khartoum locality (11 per cent) and the lowest, in Um Badah and Jebel Awlia localities (4 per cent each).

Figure 26. Percentage of households who benefited from microfinance, by locality



According to the FGD findings, the overwhelming majority of the participants stated that they had not received any kind of support from any government or non-government institution. They had not received any assistance from NGOs, a zakat bureau, government social funds, or direct financial transfers from the Government to mitigate the impact of the economic policies. The following comments illustrate the situation:

- *"We have not received support from any party. Instead, the Government is taking money from us. The members of the Popular Committees are 'eating' our money"* – food and tea sellers.
- *"To seek assistance for the medical treatment for my sick daughter I went to the Zakat Chamber. They kept telling me to go away and then come back again. At the end, when I got tired, I stopped going to them. I am now waiting for God's will."* – a mother.
- Regarding health services, most of the participants said they depended mainly on traditional medicines. There is no health insurance. *"I have 15 kids and I don't have any health insurance."* – a father.

Very few participants in Alameer neighbourhood (Um Baddah, Omdurman) stated that they had received in-kind support for Eid Adha from the Working Women's Association and the British Council Project Kulana Liltanmia and Siha Organization. Also, few participants said that they had received financial support (SDG1,050) from the Presidency. This financial support for poor families was planned to be monthly, but it is not paid monthly as planned. The families benefiting from this support programme stated that the last time they had received it was in May 2018 (Box 10).

There is a consensus between all participants that they have been hit hard by the economic policies and the high increase in prices of everything they need for their subsistence. Many mentioned that they could not afford the cost of educating their children. The following illustrates this:

- In Jebel Awlia, *"I have eight children, two passed away, two became street children (homeless) and four refused to go to school because I cannot afford to pay the cost of their transport and breakfast."* – a food and tea seller.
- It was a very touching moment for the team members when tears flooded out of a woman while saying: *"I am not able to meet the expenses of my children education. My son-in-law took them to live with him and educate them. I still have three daughters who are living with me. I wanted them to get educated but I am unable to do so."* – a food and tea seller.
- The administrative unit of Salha has no public school. The only school was in Serio, which was destroyed. There were no resources to rehabilitate or rebuild it. Some families stopped their children's schooling due to the inability to pay school fees for private school. Health services are so poor, and people tended to go to the pharmacy for treatment instead going to a doctor for advice.
- In Elmohandiseen Square 30, FGD7 and Elmohandiseen Square 29, FGD8: One of the participants sold her house furniture to pay the university fees for her son.
- There is no budget for health and education; most of the expenditure is for food.
- A number of the participants who are business owners reported that they had reduced their employees by 50 per cent as a result of the new economic strategies.

- In Al-Mohanesn neighbourhood, where the survey was conducted, a representative from the local committee stated that the *zakat* money was not enough to meet the needs of poor families.
- Group Hai Al-Gamaa (ai Elnil) FGD 9: There is no water supply in the houses and there is a pipe in the mosque used by all the neighbourhood. There is no transport from the neighbourhood to the last station in Alfteihab; hence, people walk a distance of 2 to 3 km. According to a participant in the FGD, *“Eight of the women in this meeting went to the gold zones and left their old mothers and children without money. One of them has seven children, and the youngest one has three children. The period of their stay varies between three years and two months, and there is no news.”*
- In Omdurman locality, health services are not available to people, and if most medicines are not included, this has contributed to poor access to health services.
- In Eastern Nile Maygoma, it was reported that support provided to communities was very weak during the period after January 2018, namely from *zakat*; the Ramadan basket and Dhahia gifts cover less than 1 per cent of inhabitants.
- In Halfaya, cash support is very rare, unlike last year, where there was informal support, especially during Ramadan. Support through the diaspora became limited due to their complicated economic status abroad. The cash support through *zakat* is very limited and restricted to a certain group of people. *“There is limited cash support coming through zakat,<sup>6</sup> but it only goes to the poorest 45 people in the area.”* *“No support is being offered to this area (Halfaya).”* *“God is the only supporter here.”* – FDG with labourers.
- *“No support is being delivered to this area. Take for example this widow with two children; she has never received any kind of support.”* FDG with unemployed persons, Karari.

#### Box 10. Government responses

The Popular Committee member in Dar El Salaam stated:

*Since 2016 we received only 60 packs from zakat to be distributed for 1,206 families. We distributed them in the middle of the night to avoid conflicts. We distribute the social assistance every six or seven months, which covers only 12 families out of 1,206 (0.9 per cent). All the people in this community are poor or extremely poor, and we feel ashamed to exclude anyone.”* The Popular Committee member further added, *“forty per cent of the people in this area have a health insurance card, but honestly; this card is useless.”*

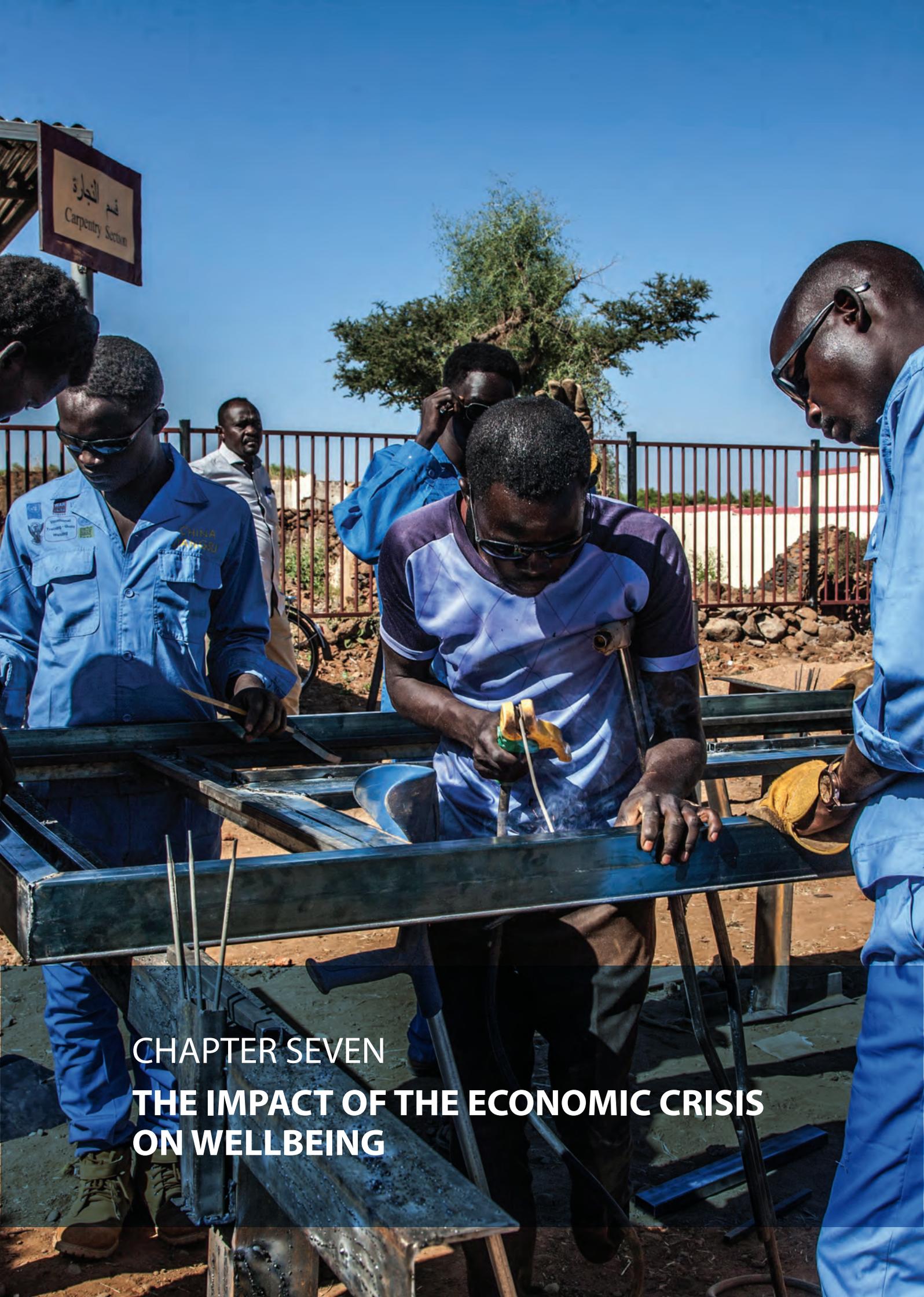
Another woman continued, *“It has been eight months now since we applied for the health insurance card and we haven’t heard anything.”*

One of the participants said, *“The ceiling of the health insurance card is limited, not exceeding SDG50.”*

Two participants in Mayo (Ghabush) stated:

*Only 60 families out of 2000 received zakat last year while all the people here are more than eligible for zakat. They distributed 60 packs in the middle of the night During Ramadan. And only 50 households receive social assistance, but we don’t know the criteria used for selection.*

<sup>6</sup> *Zakat* is an obligatory payment made annually under Islamic law on certain kinds of property and used for charitable and religious purposes.



CHAPTER SEVEN  
**THE IMPACT OF THE ECONOMIC CRISIS  
ON WELLBEING**

## CHAPTER SEVEN: THE IMPACT OF THE ECONOMIC CRISIS ON WELLBEING

### 7.1 Impact on food security – CARI

The Consolidated Approach to Reporting Indicators of Food Security (CARI) is a WFP method used to analyse and report the level of food insecurity within a population. According to the CARI approach, each surveyed household is classified into one of four food security categories: food-secure, marginally food-secure, moderately food-insecure and severely food-insecure. This classification is based on its current status of food security (using food consumption indicators) and coping capacity (using indicators measuring economic vulnerability and asset depletion). Data and information in Table 9 shows food security (CARI).

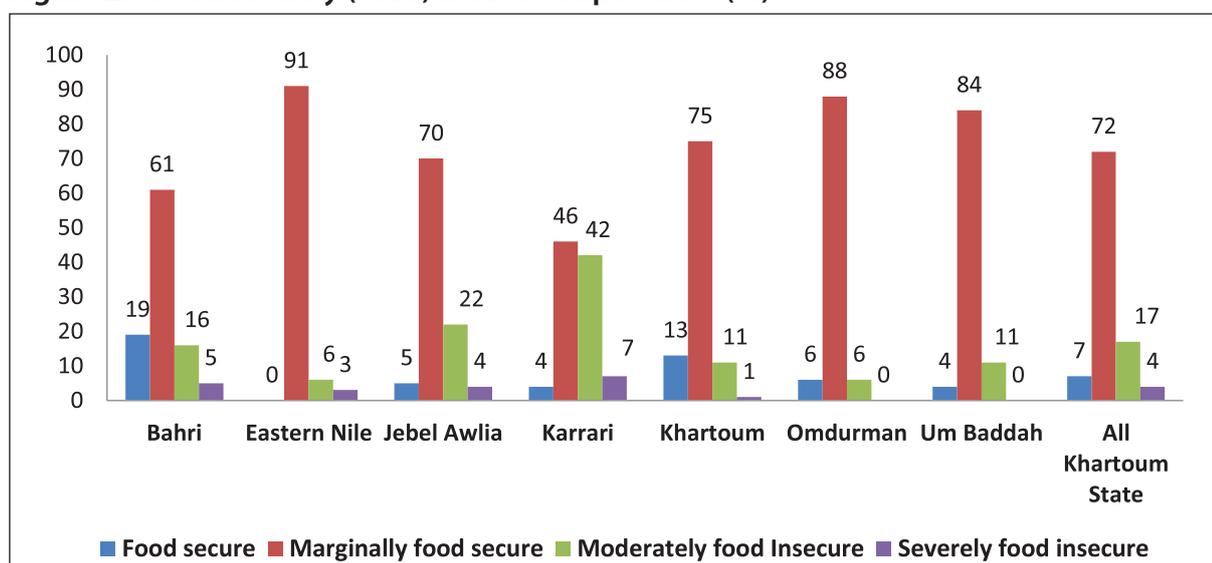
Food-se-cure	Able to meet essential food and non-food needs without engaging in atypical coping strategies.	Food-secure
Marginally food-se-cure	Has minimally adequate food consumption without engaging in irreversible coping strategies; unable to afford some essential non-food expenditures.	
Moderately food-in-secure	Has significant food consumption gaps, or marginally able to meet minimum food needs only, with irreversible coping strategies.	Food-insecure
Severely food-in-secure	Has extreme food consumption gaps, or incurs an extreme loss of livelihood assets, which will lead to food consumption gaps, or worse.	

According to the data presented in Annex C Table 35 and Figure 27, the following observations can be made:

- The percentage of food-secure households in Khartoum urban areas was very low (7 per cent on average). It varied from as low as 0 per cent in Eastern Nile to as high as 19 per cent in Bahri locality.
- The absolute majority of sample households among Khartoum's urban poor (72 per cent) were marginally food-secure. This percentage varied across localities, from a minimum of 46 per cent in Karrari locality to a maximum of 91 per cent in Eastern Nile.
- The percentage of moderately food-insecure households was 17 per cent on average, varying from a minimum of 6 per cent in Eastern Nile and Omdurman, to a maximum of 42 per cent in Karrari locality.
- Around 4 per cent of sample households on average were categorized as severely food-insecure.

In one of the sad cases reported in the FGD of Alamal, a few days ago a woman died of hunger. One of the interview team members said: *"I know the woman and her daughter died of hunger; malnutrition is widely spread among children. I know many cases. If you want to visit, I can go with you. Some families depend on leftover food."*

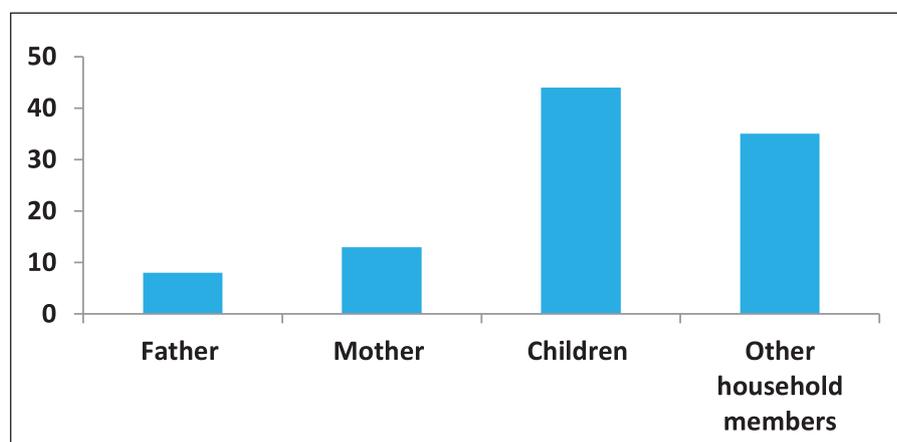
**Figure 27. Food security (CARI) Relative importance (%)**



## Categories most affected by reduced consumption

The household respondents were asked to indicate the category of the household members affected the most when the family has no option but to reduce food consumption. The household respondents across the localities had different perceptions of the category (Annex C Table 36 and Figure 28). However, when considering the average for the entire Khartoum State, children are the most affected group (44 per cent) followed by other family members (35 per cent), which include the elderly, other sisters and brothers, and extended family members. Parents are less affected (only 8 per cent and 13 per cent were affected, respectively). This result has important policy implications when designing safety net programmes.

Figure 28. Percentage of the most affected by reduced food quantity or quality



### 7.2 Deterioration of living conditions

The people in Mayo Ghabush experienced three problems: (i) observable environmental problems manifested in the stagnant water that covers all the roads and the spaces between the houses, mixed with flooded latrines. This environment is a breeding ground for mosquitos and flies, and nasty smells; (ii) strongly expressed insecurity; and above all; (iii) rampant poverty and deprivation, which can be observed on the suffering faces and exhausted bodies. In addition, in El Nasr (8), the public committee members provided this shocking information: *"In this quarter, 4,000 families live in 445 houses, 70 per cent of which are inhabited by more than two families; I know five families living in one house that share the same latrine. Only 10 per cent of the houses are occupied by one or two families."*

### 7.3 Education

Many families withdrew their children from school, which was reported in all the FGDs and especially in Nasr 14, Elfata, Dar El Salaam and Mayo Ghabush. In Nasr 8, three children of FGD participants discontinued their education because their parents failed to pay the school fees and the daily expenses. Many parents shifted their children from private schools to governmental schools because they could not afford the school fees. Box 11 reflects the impact on education. One woman said, *"I have six kids, two of whom quit school. I am a tea seller, without any additional source of income."*

#### Box 11: School dropout and food insecurity worsened

A woman continued the discussion with hopelessness, *"I work the whole day. I have seven kids; all of them missed the school; we forgot the taste of meat."*

In Omdurman locality, the dropout rate has increased significantly, according to the reports of the FGD groups, especially in the poorer areas, while the middle-income families resorted to transferring their children to cheaper schools to reduce costs. In Salha area, there was an increase in dropout rates because there is no government school.

In Karari, the FDG participants reported that school dropout rates had increased dramatically; even university students quit their studies to contribute the household. In addition, teachers now face the same economic conditions, according to many male participants who are teachers. *Indeed, as a 13-year-old child in one of the FDGs said, "I quit school this year to help my father and my younger brothers"*

One old woman in Jebel Awalia Communities said, *"I suffer from kidney failure, and my only child who happened to be fortunate to enter Omdurman University was unable to continue. She has to discontinue her studies to help me. Now she is a tea seller striving to afford my weekly medications."*

## 7.4 Impact on social relations and social nets

The discussion regarding social relations and networks was slightly different. Some participants said that no drastic changes occurred to social relations – people were still friendly, visiting and supporting each other. Other participants said, *“Life is changing tremendously; social relations are changing; even hospitality is decreasing because you can’t invite a guest when you are sure that you won’t be able to provide him anything, not even a cup of tea, I can say people are still helpful but our social relations are unravelling. No one with a brain can deny this.”* The feedback from the majority of the participants in the FGD clearly indicates that social relations have been seriously affected by the deterioration of people’s living conditions.

- *“We are unable to provide financial and psychological support to our relatives and friends as has been the case in the past. One of the reasons is that we started working on Fridays. In the past, we, as a group of women, used to rent a car, but now we can’t. Instead, we started providing support so through phone calls or text messaging.”* – food and tea sellers.
- Many participants said that they were unable to provide moral and financial support due to the high cost of transport to visit their relatives and friends at happy and sad events.
- *“Social relations have been extremely weakened. In the past, if a colleague’s relative passed away, each of us would pay SDG200, but now we cannot afford to pay more than SDG50. When my wife died, my colleagues paid only a small amount of money. Social occasions like children’s circumcision are now done in silence without invitations. Visits to relatives and friends are now less frequent than before.”* – artisans.
- *“The economic policies have a big impact on social relations. Today, the mother of our friend passed away. We cannot go to him because we have no money for transport. If I want to visit a sick person admitted to hospital, I have to pay SDG15 at the entrance. One can see few young people in social events.”* – an unemployed youth.
- They explained that more than 80 per cent of the people could only visit and interact with them from time to time.
- Under the present economic conditions, the poor people stopped visiting their relatives and friends when they had social events; instead, many started using phone calls to communicate with them. This state of affairs, they argued, is very embarrassing but they have no other option. Another reason is that many opted for working on Fridays.
- *“Divorce cases have increased: many husbands fled and left their families suffering behind; some of the household heads travelled, seeking work, but didn’t show up again. I can mention three or four in this neighbourhood who are totally disconnected with their families. Many youth and household heads joined the traditional mining areas but still no news.”* – a woman from Mayo.
- In Omdurman locality, social relations have also been affected, which resulted in breaking loyal ties and ending intimate visits among relatives and patients in hospital, due to the lack of money for transportation, and respondents sometimes use mobile phones only.
- *“Social relations have been affected massively by these policies; phone calls are the only way to convey sympathy on certain social occasions. Families tend to send only one representative, because of the high transportation fees.”* – FDG participants, Karari.
- Many participants mentioned their mixed feelings when meeting a friend at bus station, *“You might pretend that you do not recognize a friend when you are on bus or public transportation.”* – FGDs with employees.

## 7.5 Impact on violence and crime

### Incidence of violence: January 2018 and beyond

Slightly less than one-quarter of the respondents stated that they had experienced violence since January 2018 and beyond. The highest percentage was in Omdurman locality (44 per cent) and the lowest in Eastern Nile (only 3 per cent). The two main types of violence are theft and robbery such as house break-ins and street robbery, as indicated by 79 per cent of the sample respondents (Annex C Table 37). Analysing this data by locality, the highest percentage was in Eastern Nile locality (100 per cent), followed by Jebel Awlia locality (95 per cent), Um Baddah locality (89 per cent), Khartoum locality (82 per cent), Omdurman locality (81 per cent), Bahri locality (67 per cent) and Karri locality (54 per cent).

Generally, most of the participants believe that violent acts and crimes at home and public places have increased after January 2018. In explaining the reasons behind this phenomenon, many participants suggested that, as a result of the impact of the economic policies, people became hot-tempered and intolerant and often involved in violent acts, especially in public transport and sometimes even at home. Most of the participants believe that the impact of the economic policies combined with unemployment have driven youth to use drugs and consequently commit crimes and perpetrate violent acts at home and on the street. The following remarks show the impact of the economic crisis on violence and crimes:

- *“Lack of money makes people hot tempered and intolerant. Thus, [there are]more tensions and problems, especially between wives and husbands over living conditions.”* – an unemployed youth.
- *“I witnessed frequent problems between my father and mother day and night because of lack of money for family subsistence. Lack of money makes people not listen and understand each other. People quarrel simply because of misunderstanding. I asked a merchant about the price of a piece of cloth. He said SDG70, but I quarrelled with him because I thought he said SDG 170.”* – a food and tea seller.
- *“I have a son who was stabbed with a knife by a perpetrator yet to be unidentified.”* – a food and tea seller.
- *“There is a clear increase in crime, especially theft of women’s hand bags and mobile phones while walking in the streets. Yesterday, a TV and a cooking gas cylinder were stolen from my neighbour’s home.”* – a pensioner.
- *Due to an increase in crimes committed by young boys, we are now asking God not to give us male babies because the young boys are always drunk and use drugs (bango, kharsha, etc.). They also perpetrate violent acts against their own family members. The serious problem is that they influence children to behave like them.”* – a food and tea seller.
- Sixteen FGDs were conducted in seven quarters. Most of the participants confirmed the notable escalation in the number and frequency of violence. Criminal incidents, robberies, thefts, injuries and drugs have become quite frequent.
- In Eastern Nile Maygoma, new crimes have emerged, such as robbing people in the streets, specifically women, and stealing house furniture during the day. Violence at home has led to high rates of divorce in the communities. Escaping from husbands became the norm as has violence in the streets; most of the people have become angry and depressed about the situation. It is normal for people to quarrel for futile reasons.
- In El Manara Um Badah, crime rates are increasing. “The escaping criminals came to this block, and traditional wine production in the block is carried out by many families.” One FGD participant said, Communities apply for microfinance loans for electricity supply.
- In Halfayia, one of the FDG participants reported that in order to meet their daily expenses, youth are becoming involved in illegal businesses such selling drugs and sex work.

The situation is further supported by cases from the communities, as shown in Box 12.

#### **Box 12. The impact of the economic crisis on violence and security**

- *Yesterday, our neighbour was threatened during the day by young thieves; they took his money and fled.”* – a woman, Al Amal.
- *“They took all my money. I was working all day selling groundnuts and beans, and they just snatched it in a moment.”* – an old woman.
- *“They mentioned many cases of robberies, but the most frequent crime reported this year is practised daily by youth riding scooters; they ride beside you, snatch your bag or telephone, or any light stuff and flee. This happens ten times a day.”*
- In Mayo Ghabush, all the participants, regardless of age or gender, repeatedly insisted that there was a lack of security, especially at night. Movement after sunset is quite limited due to the spread of gangs of young men armed with knives, choppers and occasionally with pistols. They start their criminal activity after sunset; they rob, snatch and injure heedlessly, without any regard to gender, age or race.

## 7.6 Corruption

Many participants in Mayo quarter reported having had bad experiences with corruption as they attempted to receive protection from the police. One of them said, *"The police in this station are much more harmful than the criminals; most of the staff in this police office have a great propensity to receive bribes. This is why we call it 'the commercial police office.'"*

A young teacher from Nasr 14, insisted on sharing his story with the police: *"Three months ago I was stopped by gunmen on my way back to home at night. They threatened me, robbed me, took my mobile and all my money. I managed to identify one of them. I know him very well – he is a policeman. I went to the police office, reported the case, and nothing has happened since then. His colleagues began to threaten me to close the case."*

Many participants confirmed corruption incidents when dealing with the police. Another old woman in Mayo said, *"If you take any criminal to this police office, you will certainly be jailed, and after one hour, the criminal will be released to rob another victim. I guess they share the stolen stuff."*



**CHAPTER EIGHT**  
**CONCLUSION AND RECOMMENDATIONS**

## CHAPTER EIGHT: CONCLUSION AND RECOMMENDATIONS

### 8.1 Conclusion

This conclusion and the recommendations were drawn from the outcomes of both household survey results and the FGDs. A detailed list of recommendations and observations resulting from FGD discussions is contained in Annex C Boxes 1 to 3.

The economic crisis since January 2018 affected the communities in Khartoum State to varying degrees. The communities that were severely affected were located in the peripheries of the State. The crisis has pushed these communities to deploy limited, usually adverse, coping mechanisms in the absence of adequate safety net programmes. As revealed by the survey and the FGDs, people's purchasing power was drastically reduced; they are less able to meet their food requirements, they are eating less; switching to cheaper foods with less nutritional content. Many families turned to borrowing and selling assets that will take at least a generation to rebuild, which may create poverty traps; some withdrew their children from schools, unable to meet the health expenses and resort to traditional medicines, and their children are unable to obtain the correct nutrients become more prone to illness.

The communities have unequivocally stated that the crisis situation they are facing has had serious negative impacts on them, including: the breakdown of family structures; the fading away of the culture of families supporting each other; a rise in divorce rates; the growing use of drugs – *bango* (Sudanese cannabis), *Kharsha* (cannabis from Ethiopia), cough syrup/antihistamines; theft (snatching of women's bags and mobile phones, homes break-ins, dealings in known markets that sell stolen goods); and a gang culture among youth in certain areas, which is also linked to widespread unemployment. Family members, especially children and youth, are exposed to the risks of exploitation and abuse.

The interviewed groups characterized their situation since January 2018 as shocking. To date, they were still uninformed about the reasons of what has taken place or what to expect. The FGDs revealed that the affected urban poor lost confidence in the local system governing them. Many expressed dissatisfaction, for example, with: the ineffectiveness of local authorities whose priority is only local tax collection rather than service delivery; safety net organs such as *zakat* and cash transfer bodies whose presence is not felt during this crisis, and when they are present, they do not have clear and transparent criteria for supporting families; and health insurance services that do not provide them with medicines when needed. They showed their discontent with the raids and the way local authorities dealt with the informal sector such as street vendors. There is also a lack of trust in the banking system and ATM machines. The perception of even those who do not deal with the banks is that they do not generally give people their money, and when they do, it is with great difficulty.

The severely affected communities clearly need assistance. The findings of this survey clearly indicate widespread and acute vulnerabilities among the urban population in Khartoum, with emerging negative social implications and a potential threat of unrest and political instability. Khartoum survey results and the structured interviews revealed the following lessons learned:

#### Box 13. The impact of the economic reforms

*"We are all against these policies but still keep silent. I want to go to the street, shout and protest; men just hide quietly, and any policy or decision passes smoothly. But I think if they tried this again, there would be no more silence."* – A young woman, Dar El Salaam FGD.

Government planning efforts to address poverty reduction in the country should not ignore Khartoum State. The Government has to act now in Khartoum. Following the loss of oil due to South Sudan secession, and the consequent macroeconomic difficulties, the Government undertook several reforms – in June 2012, September 2013 and November 2016. These reforms seem to have impacts on the urban population of Khartoum State. In 2009, Khartoum was the lowest ranked state in terms of poverty, with a poverty incidence of 26 per cent; in 2014, it ranked sixth in terms of lowest poverty incidence among states.<sup>7</sup> The situation is further aggregated by the economic crisis since January 2018, which has affected the population of Khartoum State, particularly those living in the peripheries of Khartoum and all the fixed salary employees, irrespective of where they live in Khartoum, in

<sup>7</sup> At 29.9 percent, Khartoum's poverty incidence is higher than Northern (12.2 per cent), Gazeira (18.3 per cent), River Nile (19.9 per cent), Sennar (25.9 per cent) and Kassala (27.9 per cent).

addition to specific groups with special needs. The Government is expected to embark on economic reforms, as declared by the Prime Minister, which were initiated in October 2018, yet with other expected negative impacts on the population of Khartoum and without sufficient mitigation mechanisms. The situation could get even worse.

- i. Development partners are advised to act now. Their emphasis on providing humanitarian and development assistance to Sudan to mitigate crises has sidestepped Khartoum, mostly targeting war-affected areas and internally displaced persons (IDPs). This direction was appropriate as necessitated by armed conflict in the targeted locations. However, this survey proves that the assumption that the urban poor in Khartoum are necessarily better off than poor people elsewhere in the country should be reconsidered (at least for some areas in the State) in line with the continued impacts of the reform, the severity of the recent economic crises and the nature of the coping mechanisms of the urban poor in the face of crises of such magnitude. Also, consideration should be given to the fact that the capacity of the local governments in Khartoum to deliver services, respond to disasters, provide security and govern effectively was pushed to the limit as a result of: (i) the massive migration to Khartoum from other parts of the country due to conflicts or economic difficulties and poor social services; (ii) the large number (in hundreds of thousands) of refugees from Ethiopia, Eritrea, South Sudan, Somalia, Syria and West Africa,<sup>8</sup> residing in Khartoum, putting pressure on the already weak educational, health public transport facilities and infrastructure; (iii) macroeconomic difficulties; and (iv) the limited financial resources available to the localities.
- ii. Economic hardships are affecting communities in all the localities in Khartoum State, but not to an equal extent. The communities in some localities such as Um Badah (especially Al Manara area) and Jabel Awalia (especially Dar Al Salaam and Mayo) seem to be more affected. Um Badah is the largest locality in terms of population, constituting one-third of the state population or around two million (equivalent to the population of two states combined, River Nile State and Northern State), with a high population density of 366 persons/km. The high population growth is due to migration: the locality is the largest recipient of migrants from war-affected areas. Jabel Awalia has also a large population of over one million persons and also attracts migrants and refugees, especially from South Sudan. The percentage of households who either have no education or only basic education is much higher in these two localities than other localities, reaching 77 per cent in Jabel Awalia and 68 per cent in Um Badah. Um Badah has an exceptionally high percentage of women respondents compared to the other localities. The two localities have the highest percentage of population who derive their income from casual labour. In terms of appropriate source of drinking water, they have the lowest rates in Khartoum State, with 20 per cent of households receiving water from carts with drums, the only localities with this source of drinking water. They also have the highest percentage of children withdrawn from school due to the inability of the households to afford the fees and expenses of the school children. The two localities are the least banked in the State; 95 per cent of households do not have a bank account in Jabel Awalia and 91 per cent in Um Baddah.
- iii. The Government's safety nets do not properly function in Khartoum State, as agreed unanimously by the communities. The impact of the current crises could have been much reduced if these safety nets had been properly functioning. Clearly, considerable reform is needed.
- iv. The current survey highlights the type of urban poverty and vulnerability, and the types of interventions to address them, thereby informing the current process of preparing the Poverty Reduction Strategy Paper (2020–2015).

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<sup>8</sup> For example, Khartoum has the largest caseload of refugees and asylum seekers. The civil war in South Sudan pushed around 768,000 South Sudanese refugees across Sudan, with Khartoum State having the largest caseload according to UNHCR. (UNOCH: Humanitarian Bulletin, Sudan, Issue 06, March April 2018). By 2016, Sudan had already received an estimated 100,000 Syrian refugees, who mostly stayed in Khartoum.

## 8.2 Recommended actions

Sustainable Development Goal 11 already acknowledges the importance of making cities inclusive, safe, resilient and sustainable. It emerged from the findings of the survey and the FGDs that, due to the crisis, Khartoum is far from meeting this Goal in many communities, especially in the peripheries of the state.

To assist these communities in mitigating the impact of the current crisis and building their resilience to future shocks, the government with assistance from the development partners has to design appropriate interventions, both in terms of policies and project activities. Actions required should cover the following areas: (i) reforming the current safety-net programmes in Khartoum State; (ii) reforming the health insurance system; (iii) upscaling safety net programmes; (iv) reducing inflation; (iv) supporting sustainable livelihoods; (v) improving food security, especially for children and groups with special needs; (vi) improving local governance; and (v) improving approaches for interventions in urban Khartoum. Some of the policy reforms such as the reduction of non-targeted subsidies and inflation are of a universal nature and will help all the poor in Sudan including Khartoum State.

### 8.1 Reforming the current safety net system: cash transfer programme and zakat

The Government of Sudan provides social safety nets as an important instrument for reducing poverty and is spending a substantial amount of resources on them, especially direct cash transfers. The efforts of the Ministry of Labour and Social Development (MoLSD) in supporting the poor and vulnerable segments of the population through cash transfers are commendable; without them, their situation would have been worse. Despite its importance and its impact in mitigating the impacts of price increases for the poor in Khartoum State, the cash transfer system<sup>9</sup> is characterized by some weaknesses, including low coverage, poor targeting, an insufficient level of cash per family, and irregular payments.

- a) The cash transfer programme coverage is inadequate with respect to the number of poor and vulnerable families in need of assistance. The total population of Khartoum is around 6.8 million (2017), with a poverty incidence of 29.9 per cent of the population (2014 National Baseline Household Survey); around 2 million persons (representing 233,000 families) live below the poverty line (not including additional numbers who have possibly fallen into poverty as a result of the last economic crisis). However, the number of families benefiting from cash transfers in Khartoum is 79,681, which indicating that they cover only around 24 per cent of those below the poverty line due to poor targeting.
- b) The cash transfer programme is also characterized by poor targeting. Its targeting was based on the poverty census undertaken by Zakat in 2011 in collaboration with the Central Bureau of Statistics (CBOS). A field survey was carried out in 2012 by the Poverty Centre of the MWSD in the eight states covered by this programme, which revealed that 76 per cent of the officials involved in implementing the cash transfer programmes identified targeting problems.<sup>10</sup> The survey revealed that there are families who met the cash transfer eligibility criteria yet do not receive cash transfers while in the same community there are families who do not yet they receive them.
- c) The cash transfer per family per month is inadequate despite the increase from SDG 150 in 2012 to SDG200 in 2017 and to SDG250 in 2018. The 2014 National Baseline Household Survey results indicate that the poverty line beyond which a person is considered poor in 2014 was established at SDG5,110 per year per person in urban areas, or SDG426 per month per person (around SDG2,550 per family per month), and that the food poverty line is SDG2,966 per year per person in urban areas, which is way above the monthly entitlement of cash transfer.
- d) There are apparent delays in receiving the transfers. The survey conducted by the MoLSD revealed that only one-third of beneficiaries (36 per cent) receive their cash transfers regularly and on time. Recently, the cash transfers were severely affected by the shortages of liquidity in the banking system and since January 2018, MoLSD was unable to make cash transfer payments, despite the availability of the funding in the Ministry's account.

9 The direct cash transfer programme, which targets poor and vulnerable families, is one of the main components of the social protection programme initiated by the Government in 2011, following the economic shock created by South Sudan secession and the austerity measures implemented. The programme started in 2012 with 100,000 families, increased in 2013 to 250,000, in 2014 to 500,000 and in 2018 to 750,000. The programme provides direct cash transfers amounting to SDG250 per month per family.

10 World Bank: Sudan, Social Protection and Labour, Safety Net Assessment, May 2014.

- e) Most of those receiving cash transfers were using it to support consumption. According to the MWSD survey, around 77.6 per cent of beneficiaries indicated that the cash they received did not support income generation, either for the family as a whole or for any individual member of the family.

Therefore, the cash transfer system needs to be reformed. Efforts towards reforms should be based on the ongoing Social Safety Net Project implemented by the World Bank, funded by the Sudan Multi-Partner Fund (SMPF), in close collaboration with MoLSD. The project aims at improving the targeting and management of Sudan's social cash transfer systems. This includes: strengthening MoLSD to transparently and effectively implement the cash transfer programme; improve the targeting system and use of the management information system, support the system with software and hardware for better functioning of the programme; and pilot a cash-for-work programme modelled on productive safety net programmes.<sup>11</sup>

In addition, *zakat* outreach needs to be reformed.<sup>12</sup> It supports beneficiaries by providing direct cash, in-kind payments, and payments for services such as health insurance or to cover other health costs such as operations or the Students' Support Fund. Recently, more support was also given to financing income-generating activities.

Despite valuable assistance by the Zakat Chamber for the poor in Khartoum State, there are improvements that could be implemented to increase the efficiency of the system. The gaps in *zakat* programming were identified by the Third International Zakat Conference in Khartoum in March 2015, which emphasized: the importance of a computerized system for identifying programme beneficiaries; a unified database to facilitate the tracing of funding and avoid any overlaps; and alliances with civil society organizations to determine expenditures priorities. Also, FGDs in this survey revealed the lack of transparency in the selection criteria for *zakat* beneficiaries, an issue that needs to be considered within an overall reform for targeting, together with improvement in the complaints mechanism and the amount of assistance provided in this high inflationary environment.

## 8.2 Improving the health insurance system

The National Health Insurance Fund (NHIF),<sup>13</sup> one of the social protection institutions, expanded its coverage to reach 13.3 million beneficiaries in Sudan by 2018, of whom around 5 million persons live in Khartoum State. The main source of financing is from the Ministry of Finance and Zakat Fund. The insurance service is covered by 387 medical centres and 362 pharmacies, and 690 medicines are covered.

Despite this coverage, improvement is required in the system because it relieves the poor from an enormous burden of health expenditures. Communities interviewed complained that the major constraint is the unavailability of medicines under the insurance scheme, and the lack of free medicine for children under five.

## 8.3 Upscaling the safety net system by redirecting resources from subsidies

Increasing the coverage and amount of payments for cash transfers (and other social protection programmes such as health insurance and urban development projects for the poor) require considerable resources. It will be difficult for the Government to allocate significant new resources to increase expenditures towards the safety net, given the tight budgetary situation. Therefore, a viable option will be shifting support from the expensive, regressive system of subsidies to targeted support for the poor through direct cash transfers and other safety nets programmes.

Subsidies claim around 20 per cent of total public expenditures, representing 1.3 per cent of GDP

11 Several activities were completed and others are ongoing: three cash transfer pilots in Khartoum, White Nile and North Kordofan using the Proxy Means Test (PMT) were completed; the re-certification process was completed in Khartoum and will take place in White Nile, River Nile, Red Sea and Blue Nile State; and the Grievance Redress Mechanism (GRM) is moving forward with setting up the MIS infrastructure.

12 *Zakat* is a compulsory religious tax on property and capital payable in currency or in kind. It is paid by all Muslim adults, as well as Sudanese who possess a certain minimum amount of extra wealth in excess of personal use for an entire year. It is spent on eight categories of people including the poor. *Zakat* is administered by an independent body (the Zakat Chamber) and governed by the 2001 Act, which grants the Chamber an independent legal identity.

13 The National Health Insurance Fund (NHIF) was established in 1994 with the aim of reducing health expenditures for the poor and increasing access to health services. Enrollment for formal sector workers is obligatory but for voluntary for informal sector workers.

(2017), while expenditure on the social transfers programme is around 0.5 per cent of GDP (about one-third of which is spent on subsidies).<sup>14</sup> These general subsidies are regressive. According to the International Monetary Fund (IMF),<sup>15</sup> subsidies in Sudan disproportionately benefit the rich and are thus ineffective in protecting the poor. Over 60 per cent of the benefits from fuel subsidies accrue to the richest 20 per cent of the population. The average monthly fuel subsidy for each person in the bottom quintile is only SDG1, compared to SDG11 for households in the top quintile. This confirms the cross-country empirical evidence indicating that a very large share of benefits from universal price subsidies goes to high-income households.<sup>16</sup>

However, subsidies must be cautiously reduced and eventually eliminated. Phasing out the subsidies will undoubtedly result in an increase in retail prices, and will therefore significantly impact the purchasing power of the poor. Elimination of subsidies must therefore be carried out within a specific policy package, as recommended by the IMF in its latest Article IV consultations.<sup>17</sup> The package includes a strong political commitment, a gradual removal of subsidies to avoid a sudden shock to the economy that is already suffering from high inflation and an information and awareness campaign for the public to be initiated prior to the removal of subsidies. This campaign must show the advantages of subsidies removal for the poor in order to prevent protests and riots. Furthermore, the package includes strong mitigation measures, which are needed before the subsidy removal. This will increase trust in the Government that it will spend a large part of the savings from subsidies removal on the poor (cash transfers, meals for students, health insurance, students' subsidy for public transport, etc.) and that it will improve the price-setting mechanism for commodities that used to be subsidized by using automatic price adjustments that avoid sharp periodic adjustments in order not to fall again into the subsidy trap.

#### **8.4 Reducing inflation**

One of the most important measures to reduce inflation is halting the increasing trend of prices and the deterioration of the purchasing power of the poor. It is advisable to look into sustained policy measures that will reduce the inflation rate. Inflation is a regressive and arbitrary tax whose burden is borne disproportionately by the poor, since it generally erodes their real wages and assets. The Government must carry out necessary policies to stop the monetization of the fiscal deficit.

Sudan maintains a high fiscal deficit that causes high inflation. According to the IMF, the fiscal deficit was 6.5 per cent of GDP in 2017.<sup>18</sup> The high budget deficit caused money supply to expand rapidly between 2014 and the first half of 2018, where reserve money growth increased from 16.5 per cent at the end of 2014 to 63.8 per cent at the end of 2017, and accelerated to 96 per cent during the first six months of 2018, pushing inflation to about 67 per cent in September 2018.<sup>19</sup>

The Government needs to consider enhancing its tax revenues to reduce the deficit; Sudan's tax revenues represent only 5 per cent of GDP compared to 12 per cent of GDP on average in fragile low- and lower-middle income countries. The necessary measures should include broadening the tax base by rationalizing tax incentive and exemptions, and control the current loose policy of revenues retention by some of the line agencies and ensuring that all revenues are under the control of the Ministry of Finance. In addition, it must also consider rationalizing its expenditure so that the budget deficit is maintained within safe limits. This fiscal policy must be complemented by the Central Bank of Sudan monetary policy of using indirect methods to mop up excess liquidity from the economy, even though the current cash situation makes the implementation of such a policy extremely difficult and could take much longer.

#### **8.5 Employment and social programmes especially targeted for youth and women**

Interventions to enable the targeted urban poor to build resilience away from hand-outs must include livelihoods by providing jobs through training and skills building based on the market needs or self-employment through training in activities which has good market potential and provision of credit, micro financing or seed money.

14 Figures from actual expenditures for 2017, Ministry of Finance and Economic Planning, Budget Directorate.  
15 Assessments by IMF in 2012 and 2014; IMF; Sudan Article IV Consultation Reports and IMF; Sudan. Selected Issues December 2017.

16 Clements, et al. ed.2015.

17 Most of the recommendations here (but not all) are drawn from IMF-Sudan, Staff Report for Article IV Consultation for 2017.

18 IMF, Sudan 2017 Article IV Consultation, December 2017.

19 Central Bank of Sudan, Economic and Financial Statistics Review, Quarterly Reports.

This will enable the target groups, particularly women and youth, in the peripheries of Khartoum State to generate stable and sufficient income. The private sector should be engaged in this endeavour to empower the poor and women through employment and value chains.

Assistance should consider supporting women who sell alcohol by providing alternative livelihood opportunities and build their capacity for this purpose as well as provide training and skills for vulnerable women detained in the Women's Prison as well as sustainable livelihood opportunities after their release.

In areas where drugs and youth crimes are high, centres or complexes should be established to support youth in sports and recreation, job skills and entrepreneurship training, health services, drugs rehabilitation, and advocacy including avenues available for engagement with local and national authorities .

## **8.6 School and child feeding programmes**

The changes in the monthly CPI since January which pushed inflation from 25 per cent in December 2017 to about 69 per cent in September 2018, was mainly driven by the price increase in the food categories. The survey revealed that two third of household spend over 65 per cent of their income on food, while their incomes has either declined or unchanged while prices have soared. Close to half of the households could not even afford one local food basket (LFB). About two-thirds of the population are marginally food- secure; they could easily slip into being food-insecure. Children are the most affected by the reduced food consumption. School feeding and maternal and child feeding programmes have to be considered based on efficient and effective targeting methodologies as well as food-for-work.

## **8.7 Local governance capacity building**

The Urban Agenda 2017 has incorporated the commitment for strengthening urban governance, with sound institutions and mechanisms that empower and include urban stakeholders. The local governance system in Khartoum needs to be reformed to ensure that poor and vulnerable people have easy access to income generating activities. These reforms are related to the informal sector where many women and youth work in the preparation of tea and food, and other activities as street vendors. These businesses provide a basic financial security platform to the majority of the poor in Khartoum State, particularly in the poorest administrative units. However, they are often harassed by public raids (*kasha*); the atmosphere created by the local authorities and their application of the public order laws is one of fear. The ability to generate income in the informal sector is curtailed by the continuous raids, which deepen the poverty and vulnerability for those groups, especially women and youth. While they have also to comply with the rules and regulation, which may require some reforms, these groups need to be assisted and not harassed. Interventions within a consultative process, is needed to assist both parties in the institutional, regulatory and compliance aspects of local governance to build a healthy relation so that those working in the informal sector could be more organized and contributes to the improvement of livelihood of the poor communities in the state. These groups may also need assistance in terms of capacities and access to credit. The experience of the Union of the Women Food and Tea Sellers referred to by some of the discussions groups, which assist its members including protecting them from police raids and harassment warrants further consideration.

### **Box 14: The Union of Women Food and Tea Sellers**

Government authorities, Sudanese civil society, international non-governmental organizations (INGOs), NGOs and the private sector are working together to improve governance conditions for the poor urban women working in the informal sector.

The study team of this urban survey in the focused group discussions held meetings with the women members of the Union of the Women Food and Tea Sellers in the buildings text needs cleaning up.

In 1990, the Sudan Development Association (SDA), a national NGO, organized women selling food and tea in a group (75 women) and managed to secure a plot of land for them from the local authority in the market (Alsoug Al Shaabi). With support from international non-governmental organizations (INGOs), women were provided with permanent building in the market, facilities and capacity building to protect them from police raids (*kasha*). In 1993, the women, assisted by the SDA, officially registered the Union of Women Food and Tea Sellers. The membership expanded to Khartoum North and Omdurman. In 2013, the Siha Organization, a national NGO, assisted the women in Khartoum state in establishing the Union of the Food and Drinks Women Sellers, under the Cooperative Societies' authorities. The Union provided its membership with protection and support by engaging with public and private sector institutions including, issuing an identity card to protect women from the police raids and linking women with the microfinance institutions. The Union has set up a highly efficient reporting mechanism when women encounter difficulties with a very efficient hierarchy of reporting problems encountered up to the level of the Chairperson of the Union in Alsoug Alshaabi in Khartoum (Awadia Mahmoud).

Within an initiative from the Union with participation of the Commissioner of Khartoum, the National Youth Union and the private sector (Cofftea Trading Company), women were provided with 200 kiosks with more expected as over 10,000 women have submitted requests for the kiosks.

For medium-term solutions, a fundamental problem confronting local authorities in Khartoum in their attempts to help the poor is low revenues, which need to be raised to reduce the widening gap between financial resources available and expenditure needs and creating fiscal space to meet the cost of expected investments. Technical and institutional capacity building should be considered for localities to help them build their revenue collection and streamline public expenditures within a medium-term planning framework that recognizes the needs of the most vulnerable.

Given the limited resources available for the authorities to deliver basic services and infrastructure, assistance could be considered to help Khartoum State and the localities to invest more in infrastructure and services projects (water supply, garbage collection, hospitals, roads, etc.) by utilizing public private partnerships (PPPs).

The private sector could also play an important role in assisting localities in interventions targeting the poor and vulnerable through corporate social responsibility (CSR). Development partners and NGOs could assist the local governments in mobilizing CSR, which could provide different forms of assistance such as: enterprise development training for women in the communities around manufacturing plants to encourage small and medium-sized enterprises (SMEs); employment for the disabled assistance in rehabilitating drug users and providing them with jobs; and investing in social services in poor areas near the industrial areas, etc.

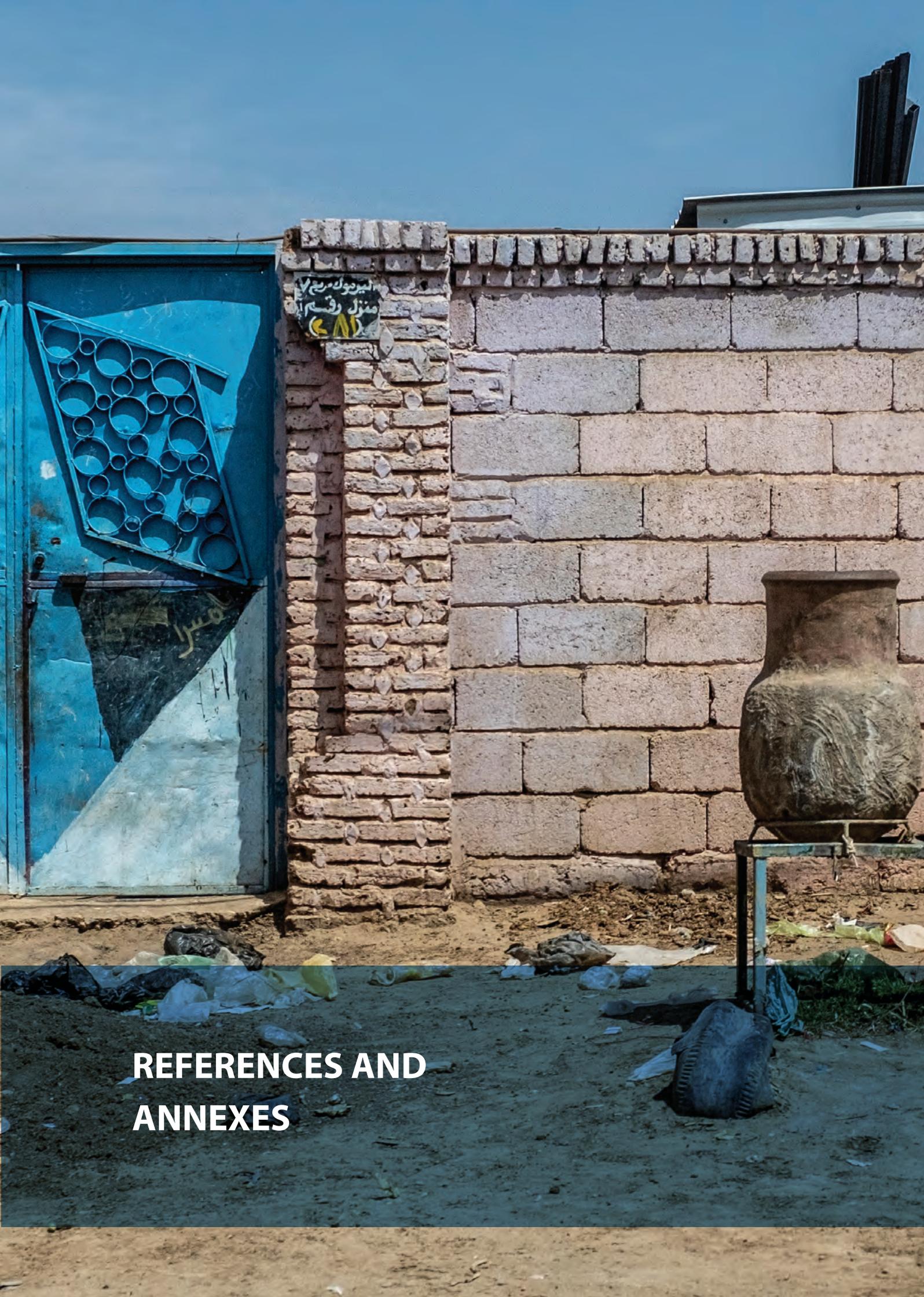
### **8.8 Managing interventions**

The crises in Khartoum should not be addressed in a fragmented manner. Due to the complexity of the issues facing the urban poor in Khartoum State, the Government should play a central role, mainly in reforming the safety nets and other social protection programmes and reducing inflation as immediate priorities. Government interventions require coordination among the various actors involved in addressing this crisis, including: the Ministry of Welfare and Social Development; the Ministry of Finance (general food subsidies and cash transfers); the Zakat-Khartoum Office and Zakat local committees; the National Health Insurance Fund; the Ministry of Health (nutrition and fee waivers for health); the Ministry of Education (school feeding); the Humanitarian Aid Commission (HAC), Popular Committees; and local authorities.

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As revealed by the survey, multisectoral and different thematic interventions (food security, education, health, employment, crimes, special groups need, etc.) should be coordinated with interventions by the United Nations agencies and other development partners, working together under a lead agency.

Overall coordination and alignment of all institutions are also needed to include non-governmental organizations and the private sector. More importantly the affected poor people must be at the heart of this process; they should be consulted and be able to participate in the identification of their needs and priorities if a sustained reduction in their poverty is to take place. Furthermore, plans for interventions need to distinguish (though may be interrelated) between immediate actions the medium- and long-term strategies to address the poverty challenges in Khartoum State.



الميرتوك مروج  
مفول رقم  
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ANNEXES**

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## Annex A

ابسم الله الرحمن الرحيم

### A rapid assessment of the impact of the economic situation on the urban population at Khartoum State

#### استمارة الاسرة Household Questionnaire

Section 1- General information (fill in prior to the interview)		قسم المعلومات العامة										
Date: التاريخ	<table border="1"> <tr> <td>2018/</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>الشهر</td> <td>اليوم</td> <td></td> <td></td> <td></td> </tr> </table>	2018/					الشهر	اليوم				Questionnaire number رقم الاستبيان
2018/												
الشهر	اليوم											
Name of interviewer اسم العداد	_____											
Location ID: بطاقة المكان	<table border="1"> <tr> <td>_____</td> <td>:State</td> </tr> <tr> <td>_____</td> <td>المحلية Locality</td> </tr> <tr> <td>_____</td> <td>Admin</td> </tr> <tr> <td>_____</td> <td>الحي Neighborhood</td> </tr> </table>	_____	:State	_____	المحلية Locality	_____	Admin	_____	الحي Neighborhood			
_____	:State											
_____	المحلية Locality											
_____	Admin											
_____	الحي Neighborhood											
هل انت موافق علي اجراء هذه المقابلة		Do you agree to be interviewed? Yes 1 No 2 نعم لا										
معلومات		DEMOGRAPHIC .1 سكانية										
1.1 Name of the respondent	_____	اسم المستجوب / المستبان										
1.2 Sex of the Head of household	_____	جنس رب الاسرة										
Male	1	ذكر										
Female	2	انثى										

Marital status .1.3 of the head of the household			الحالة الاجتماعية لرب الاسرة  ضع رقم خيار واحد في المربع اعلاه
	1	متزوج	
	2	غير متزوج	
	3	منفصل	
	4	مطلق	
	5	ارمل/ارملة	
6	معلقة		
Married Single Separated Divorced Widower Deserted			
educational .1.4 status of the head of the household			1.1.4 مستوى التعليمي لرب الاسرة  ضع رقم خيار واحد في المربع اعلاه
	1	غير متعلم	
2	خلوة/اساس		
None Primary / Khalwa	Secondary	3	ثانوي
Vocational University Postgraduate	4	حرفي او مهني	
	5	جامعي	
	6	فوق الجامعي	

### 1.5. Household member's افراد الاسرة

No رقم	Name of House- hold mem- ber	Sex الجنس	Age العمر	Level of education المستوي التعليمي	Marital status الحالة الاجتماعية	physical\ mental disability الإعاقة الجسدية او الذهنية	Chronic diseas- es الامراض المزمنة	Occu- pation المهنة	Relation- ship to the HH head العلاقة برب الاسرة
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Sex: M=Male, F=Female

Education: 1=None, 2=Primary/Khalwa, 3=Secondary, 4=University

Marital status: 1=Married, 2=Single, 3= Separated, 4= Divorced, 5= Widower

Physical/mental disability: 1=Yes, 2=No

Chorionic diseases: 1=Yes, 2=No

Occupation: 1= Employee, 2= Not employee

Relation: 1= Father, 2=Mother, 3=Son, 4=Daughter, 5=Grandfather, 6=Grandmother, 7= other relevant

1.6. How many members of your household are <b>كم من اعضاء الاسرة ينطبق عليه الاتي</b>		
	العدد	
1. Disabled		1. معاق
2. Orphan		2. يتيم
3. with chronic disease		3. يعاني مرض مزمن
4. pregnant		4. حامل
5. lactating		5. مرضع
1.7. How many female and male children (age 6-14) in your household do not attend school? <b>كم عدد الاطفال من الذكور والاناث الذين لا يذهبون الي المدرسة؟</b>		
1. # of Male children		1. عدد الاطفال الذكور
2.# of Female children		2. عدد الاطفال الاناث
1.8. What are the reasons that one or more children do not attend school? <b>ما هو سبب عدم الذهاب الي المدرسة</b>		
ضع رقم خيار واحد في المربع اعلاه		
There is no school	1	لا توجد مدرسة
School is too far away	2	المدرسة بعيدة جداً
HH cannot afford school fees and supplies	3	الاسرة لا تستطيع توفير مصاريف الدراسة

Children are not willing to attend school	4	الاطفال لا يرغبون في الذهاب الي المدرسة
Children are mentally/ physically challenged	5	الاطفال يعانون من اعاقات بدنية اذهنية
Children have to contribute to household income	6	الاطفال مشغولون بالمشاركة في دخل الاسرة
Other (specify)-----	7	اخرى حدد-----

1.9 Has any of your family member suffered from an illness last 6 month  
هل عانى احد افراد الاسرة من اي مرض خلال الشهور الست الماضية؟

Yes 1 نعم No 2 لا |\_\_\_\_|

If yes has he \she went to treatment علاج اذا كانت الاجابة بنعم هل تلقى اي علاج

Yes 1 نعم No 2 لا |\_\_\_\_|

if no , why لا اذا لا فما السبب

ضع رقم خيار واحد في المربع اعلاه  
|\_\_\_\_|

We didn't afford medical treatment	1	لم نستطع توفير ثمن العلاج
No close health center	2	لا يوجد مركز صحي قريب
Refused to go to the health center	3	رفض الذهاب الي المركز الصحي
Refreshed before visiting the health center	4	شفي قبل ان نذهب الي المركز الصحي
Used traditional medicines	5	استخدم علاج بلدي
Went to the religious sheikh for recitation	6	ذهب الي الشيخ للرقية
Other specify	7	اخرى حدد

1.10. Has any member of your household migrated to improve the family income  
هل هاجر احد افراد الاسرة لتحسين الوضع الاقتصادي للاسرة

عدد الذكور # of Male #  ____	عدد الاناث # of Female #  ____	Af- 2018 بعد يناير ter Jan
		Yes 1 نعم No 2 لا  ____
عدد الذكور # of Male #  ____	عدد الاناث # of Female #  ____	هاجر قبل يناير 2018 Before Jan
		Yes 1 نعم No 2 لا  ____

2. Income and Expenditure . الدخل والمنصرفات 2

2.1 Occupational status of the household head |\_\_\_\_| 2.1.. الحالة المهنية لرب الاسرة

ضع رقم خيار واحد في المربع اعلاه

1. Employed	1	يعمل
2. Unemployed	2	عاطل

2.2. What's the principal source of household income? ما هو مصدر الدخل الرئيس لرب الأسرة؟				
		_____		
1. Salaried employment	1			1. عمل براتب شهري
2. Small business-petty trade	2			2. تجارة صغيرة
3. casual labor	3			3. عمالة مؤقتة
4. pension-rental	4			معاش-ايجار
5. Traditional mining	5			5. تعدين تقليدي
6. other (specify)	6			6. مصدر اخر
2.3. What was your HH aggregate Monthly income before and after January? 2.3. ما هو الدخل الكلي للأسرة في الشهر قبل يناير 2018 وبعده 2018				
	Income in 2017 in SDG 2017		Income in 2018 in SDG	
	Less than 1000		Less than 1000	
	2000 ≥ 3000		2000 ≥ 3000	
	3000 ≥ 4000		3000 ≥ 4000	
	4000 ≥ 5000		4000 ≥ 5000	
	5000 ≥ 6000		5000 ≥ 6000	
	More than 6000		More than 6000	
2.4. How has your household income changed during the last 6 months?		_____	2.4. كيف تغير دخل الأسرة خلال الست اشهر الماضية	
1- Increased			1- ازداد	
2- Decreased			2- تناقص	
3. Remained the same			3- لم يتغير	
2.5. Does your income satisfy your household basic needs (food, lodging, clothes, health and education) (Yes 1 / No 2) نعم 1 / لا 2		_____	2.5. هل يفي دخلك بكل احتياجات الأسرة الأساسية من اكل وشرب وتعليم وصحة ومسكن و الخ.... نعم 1 / لا 2 / No 2 / Yes 1	

2.6. If no, what are your options to reach satisfaction. اذا كانت الاجابة بلا فما هي خياراتك البديلة؟		
1- Sell assets	_____	1- ابيع الاصول
2- Borrow from others	_____	2- استلف من اخرين
3- Reduce utilization of health services	_____	3- اقلل الذهاب للمرافق الصحية /الصرف علي الصحة
4- Reduce the quality of food consumption	_____	4- ألجأ للاعتماد على اطعمة اقل جودة
5- Others, specify .....		5- أخرى حدد.....
2.7. Before Jan 2018 did your income satisfy your household basic needs (food, lodging, clothes, health and education)		_____
		2.7. هل دخلك قبل 2018 يغطي احتياجات الأسرة الأساسية ( الطعام ، الملابس، الصحة ، التعليم) نعم 1 / لا 2 / No 2 / Yes 1

2.8 If no, what were your options to reach satisfaction?	1 Yes نعم 2 No لا	2.8 إذا كان الجواب لا ، فما هي خياراتك للوصول إلى الرضا
1- Sell assets	__	1- الجأ لبيع الأصول
2- Borrow from others	__	2- الجأ للاقتراض من الآخرين
3- Reduce utilization of health services	__	3- اقلل الذهاب للمرافق الصحية
4- Reduce the quality of food consumption	__	4- استخدم اطعمة اقل جودة
5- others specify	__	5- اخرى حدد
Does any of the females members have separate income.2.9 2.9 هل تمتلك اي من الاناث بالمنزل دخل منفرد نعم 1 Yes لا 2 No  __		
1.10. Does any of the female members has any share in the household income? 2.10 هل تساهم اي من الاناث في دخل الاسرة نعم 1 Yes لا 2 No  __		
2.11 During the last 6 months has any member of your household lost his job 2.11 هل فقد اي فرد من افراد الاسرة وظيفته في الاشهر الست الماضية نعم 1 Yes لا 2 No  __		
2.12. Number of employed household members before and after 2018 2.12 عدد افراد الاسرة العاملين قبل وبعد يناير 2018		
# of Male عدد الذكور  __	# of Female عدد الاناث  __	بعد يناير 2018 After Jan 2018
# of Male عدد الذكور  __	# of Female عدد الاناث  __	قبل يناير 2018 Be- fore Jan
2.13 Did you sell any of your household assets. 2.13 هل أضطرت لبيع أي من أصول المنزل نعم 1 Yes لا 2 No  __		
قبل يناير 2018 Before Jan 2018 نعم 1 Yes لا 2 No  __		بعد يناير 2018 After Jan 2018 نعم 1 Yes لا 2 No  __
2.13.1 If Yes for what reason اذا نعم حدد السبب  __		
1- To secure food	1	1- لتأمين الطعام
2- To afford health services	2	2- لمقابلة نفقات الصحة
3- secure education fees	3	3- لتأمين التعليم
4- To provide clothing	4	3- لتوفير الملابس
5- Others	5	4- لأسباب أخرى
3. Does your household own this dwelling or rent it? هل تملكون هذا المنزل ام هو منزل مستأجر مستأجر  __		
ضع رقم خيار واحد في المربع اعلاه		
1- Own		1- نملك هذا المنزل
2- Being bought on mortgage		2- أشتريناه بالرهن
3- Rent		3- مستأجر

4- Inherited		4- وريثة
5- Others		5- اخري

3.1 If rented, how much you pay for rental compared to last year		3.1 ان كنتم تسكنون بالاجار فكم تدفعون لاجار المنزل مقارنة بالعام الماضي
--	--	---

3.2 Rental fees in 2017	الاجار في عام	1 Yes نعم 2 No لا	Current Rental	الاجار الحالي	3.2 fees
	less than 1000		less than 1000		
	1000 ≥ 2000		1000 ≥ 2000		
	2000 ≥ 3000		2000 ≥ 3000		
	3000 ≥ 4000		3000 ≥ 4000		
	4000 ≥ 5000		4000 ≥ 5000		
	more than 5000 أكثر من 5000		more than 5000 أكثر من		
3.3 Perception of the living conditions situation before January 2018 and after January 2018		__	3.3 كيف تقيم الأوضاع المعيشية قبل يناير 2018 وبعده يناير 2018		
Much worse		1			سيئة جدا
Worse		2			سيئه
Same		3			لم تتغير
Better		4			احسن
I don't Know		5			لا اعلم

SECTION 4 – EXPENDITURES		المصروفات - قسم 4	
In the Past 30 days how much money have you spent to acquire each of the following FOOD for your family consumption? write 0 if no expenditure			
كم من النقود صرفت على الأطعمة التالية لاستهلاك الأسرة خلال ال 30 يوم الماضي؟ إذا لم تصرف : أكتب 0 - اكتب الأرقام لأقرب رقم صحيح			
بالجنيه كم صرف الشهر الماضي			
In SDG spent last 30 days (round up decimal number)			
1	Cereals (sorghum, millet, maize, wheat)	_ _ _ _	الحبوب الغذائية ( ذرة / دخن / ذرة شامية / قمح )
2	Cooking oil	_ _ _ _	زيت طعام
3	Meat/eggs/fish	_ _ _ _	لحم / بيض / سمك
4	Groundnuts/beans/pulses	_ _ _ _	فول سوداني / لوبيا / بقوليات
5	Sugar	_ _ _ _	سكر
6	Milk/yoghurt/cheese	_ _ _ _	لبن / زبادي / جبنة
7	Dry okra, dry tomatoes, dry onions	_ _ _ _	ويكة / صلصة ناشفة / بصل ناشف
8	Cooked/processed food eaten at home or outside by the family	_ _ _ _	الأغذية الجاهزة المستهلكة داخل أو خارج المنزل
9	Drinking water	_ _ _ _	مياه الشرب
10	Other food items (fresh vegetables, fruits, coffee, tea, pasta etc.)	_ _ _ _	المواد الغذائية الأخرى (خضروات فواكه قهوه شاي الخ...)

In the past three months, how much money have you spent to acquire each of the following items or services? Write 0 if no expenditure. في خلال الثلاثة شهور الماضيه كم من النقود صرفتها للحصول على السلع والخدمات التالية. سجل صفر إذا لم يكون هنالك بنود صرف

11	Agricultural tools, seeds	_ _ _ _	معدات زراعية و تقاوي	11
12	Hiring labour	_ _ _ _	إستئجار عمالة	12
13	Medical expenses, health care	_ _ _ _	مصاريف رعاية صحية	13
14	Education (school fees/uni-forms)	_ _ _ _	مصاريف التعليم (رسوم مدرسية و الزي)	14
15	Clothing, shoes	_ _ _ _	ملابس و أحذية	15
16	Veterinary expenses	_ _ _ _	تكاليف رعاية بيطرية	16
17	Animal feed/fodder	_ _ _ _	علف للحيوان	17
18	Firewood/fuel for cooking	_ _ _ _	حطب الوقود / وقود الطبخ	18
19	Celebrations, social events, funerals, weddings	_ _ _ _	الإحتفالات, المناسبات الإجتماعية, العزاء, و حفلات الزواج	19
20	Fines/Taxes	_ _ _ _	غرامات أو الضرائب	20
21	Debt payments	_ _ _ _	سداد ديون	21
22	Construction, house repair	_ _ _ _	إنشاء أو صيانة المنزل	22
23	Milling	_ _ _ _	الطحن	23
24	Transportation	_ _ _ _	لمواصلات	24
25	Communication (mobile phone costs)	_ _ _ _	الاتصالات	25
26	House rent	_ _ _ _	ايجار منزل	26

5.5. Debits. الديون		
5.1 Is your household currently in debit?	_ _	5.1- هل انت مطالب بديون حاليا ؟ ضع رقم خيار واحد في المربع اعلاه
No.	1	لا
Yes a little	2	نعم قليل
Yes a moderate amount	3	نعم مبلغ متوسط
Yes a lot	4	نعم كثير

5.2 How easy would be to borrow money?	_ _	5.2- ما هي امكانية الحصول على الديون ضع رقم خيار واحد في المربع اعلاه
Very difficult	1	بصعوبة شديدة
Difficult	2	بصعوبة
Easy	3	بسهولة
Very easy	4	بسهولة شديدة

5.3 If you want to borrow money, whom would you approach to borrow money?	_ _	5.3- اذا اردتم ان تتدينوا فإلي من تذهبون ضع رقم خيار واحد في المربع اعلاه
Relative	1	الاقارب
Friends / neighbor	2	الاصدقاء والجيران
Private money lender	3	جهات خاصة
Community organization	4	منظمات قاعدية
Grocery	5	البقالة
Others	6	أخري

5.4 In the last 6 months, how often you borrow money to meet your needs	___	5.4- كم مرة اضطررت للديون خلال الأشهر الست الماضية . ضع رقم خيار واحد في المربع اعلاه
Never	1	لم يحدث أبداً
Once a more	2	مره في الشهر
Twice a month	3	مرتين في الشهر
Few time a month	4	مرات في الشهر

5.5 In Dec 2017, how Many times you borrowed money to meet your needs	___	5.5- كم مرة اضطررت للديون خلال ديسمبر 2017 ضع رقم خيار واحد في المربع اعلاه
Never	1	لم يحدث أبداً
Once a more	2	مره في الشهر
Twice a month	3	مرتين في الشهر
Few time a month	4	مرات في الشهر

5.6 How easy would be to payback your loans	___	5.6- هل تتمكن عادة من ارجاع الديون بسهولة الي اصحابها ضع رقم خيار واحد في المربع اعلاه
Very difficult	1	بصعوبة شديدة
Difficult	2	بصعوبة
Easy	3	بسهولة
Very easy	4	بسهولة شديدة

#### 6. Access to services الحصول على الخدمات

6.1 Does your household afford the usual medical service?	___	6.1- هل يستطيع افراد اسرتك تحمل نفقات الخدمات الصحية العادية. ضع رقم خيار واحد في المربع اعلاه
No	1	لا يستطيعون
Yes, with much difficulty	2	نعم يستطيعون ولكن بصعوبة
Yes, with some difficulty	3	نعم يستطيعون مع بعض الصعوبات
Yes, can be covered by insurance	4	نعم يستطيعون بالاستفادة من التأمين الصحي

6.2 Can your household afford treatment for serious illness or injury?	___	6.2- هل يستطيع افراد اسرتك تغطية تكاليف العلاج للأمراض او الاصابات الخطيرة . ضع رقم خيار واحد في المربع اعلاه
No	1	لا يستطيعون
Yes, with much difficulty	2	نعم يستطيعون ولكن بصعوبة
Yes, with some difficulty	3	نعم يستطيعون مع بعض الصعوبات
Yes, can be covered by insurance	4	نعم يستطيعون بالاستفادة من التأمين الصحي

6.3 Before Jan 2018 did your household afford the usual medical service?	___	6.3- قبل يناير 2018 هل يستطيع افراد اسرتك تحمل تكاليف الخمتا الصحية العادية. ضع رقم خيار واحد في المربع اعلاه
No	1	لا يستطيعون
Yes, with much difficulty	2	نعم يستطيعون ولكن بصعوبة
Yes, with some difficulty	3	نعم يستطيعون مع بعض الصعوبات
Yes, can be covered by insurance	4	نعم يستطيعون بالاستفادة من التأمين الصحي

6.4 Before Jan 2018 was the treatment for serious illness or injury affordable for your household?	___	6-4. قبل يناير 2018 هل يستطيع افراد اسرتك تحمل تكاليف العلاج للامراض او الاصابات الخطيرة؟ ضع رقم خيار واحد
No	1	لا يستطيعون
Yes, with much difficulty	2	نعم يستطيعون ولكن بصعوبة
Yes, with some difficulty	3	نعم يستطيعون مع بعض الصعوبات
Yes, can be covered by insurance	4	نعم يستطيعون بالاستفادة من التأمين الصحي

6.5 Did you receive any financial or in-kind help from any other source this year? 6-5 هل حصلت على اي دعم مالي او عيني خلال هذا العام . نعم 1 لا 2 No  ___		
?If yes from where اذا كانت الاجابة نعم من اين  ___		
1- Relatives	1	- الاقارب 1
2- Friends	2	-2- الاصدقاء
3- Neighbors	3	-3- جيران
4- Government	4	- الحكومة 4
5- Funding institutions	5	- مؤسسات تمويله 5
6- Charity	6	-6- الزكاة
7 -Other (specific	7	-7- آخري (حدد)..... .....

6.6 Before Jan 2018 Did you receive any financial or in-kind help from any other source? 6-6 قبل يناير 2018 هل حصلت على اي دعم او مساعدة مالية او عينية نعم 1 لا 2 No  ___		
?If yes from where اذا كانت الاجابة نعم من اين  ___		
1- Relatives	1	- الاقارب 1
2- Friends	2	-2- الاصدقاء
3- Neighbors	3	-3- جيران
4- Government	4	- الحكومة 4
5- Funding institutions	5	- مؤسسات تمويله 5
6- Charity	6	-6- الزكاة
7 -Other (specific	7	-7- آخري (حدد)..... .....

6.7 Do you or any of your household members have bank Account 6-7 هل لديك انت او لدى اي واحد من افراد اسرتك حساب بنكي؟ نعم 1 لا 2 No  ___		
did you benefit from the banking 6.8 هل استفدت من الخدمات البنكية 6.8 services نعم 1 لا 2 No  ___		

6.9 How do you evaluate the impact you experienced after the cash restriction policy applied recently?

6-89 كيف تقيم آثار سياسة تجفيف النقد المطبقة خلال الأشهر الماضية

ضع رقم خيار واحد في المربع اعلاه

| |

Very high	1	تأثير عالي جدا
High	2	تأثير عالي
Moderate	3	تأثير متوسط
Low impact	4	تأثير قليل
No impact	5	لا يوجد تأثير

7. Social conditions health ,education ,housing ,crime and welfare	Yes 1 نعم No 2 لا	7. الاوضاع الاجتماعية والصحية والتعليمية والسكنية
7.1 Has your household reduced expenditures on education in past 6 months?		7-1. هل خفضتم الصرف على التعليم في الأشهر الست الماضية
إذا كانت الإجابة بنعم يرجى الإجابة على كل الإجابات المتسقة مع وضعك		If yes please answer all that apply
1-transferred children to school of lower quality		1-حولت الاطفال الي مدارس اقل جودة
2-transferred children from private to public school		2-حولت الاطفال من التعليم الخاص الي الحكومي
3-Reduced education expenditure		-خفضت الانفاق على التعليم3
4-withdraw children from school		-سحبت الاطفال من المدرسة4

7.2 Has your household reduced expenditures on health for children below 18 in past 6 months?

7-2. هل عمدت الاسرة الي تخفيض الانفاق على الصحة للاطفال بين 6-18 سنة خلال ال 6 اشهر الماضية؟

نعم 1 Yes لا 2 No | |

إذا كانت الإجابة بنعم يرجى الإجابة على كل الإجابات المتسقة مع وضعك		If yes please answer all that apply
1- Reduced the utilization of health services		1- خفضنا الاستفادة من الخدمات الصحية
2- Reduce number of visits for regular preventive healthcare		2- خفضنا عدد الزيارات للمرافق الصحية حت بالنسبة للرعاية الحية الوقائية المعتادة
3- reduced health expenditure including medications		- خفضنا الصرف على الصحة والعلاج3 بصورة عام
4- Others, Specific		4- أخرى (حدد).....

7.3 Has your household took any changes in housing condition in the last 6 months?  
 7-3. هل اجرىتم اي تغيير على حالة المنزل في الاشهر الست الماضية

نعم 1 Yes لا 2 No |\_\_\_|

If yes please circle all that apply اذا كانت الإجابة بنعم يرجى الاجابة على كل الإجابات المتسقة مع وضعكم

1-Damaged floor or wall	___	1-تصدع الحائط والارضيات
2-Damaged and leaking roof	___	2-تلف في السقف
3-Broken window ,door	___	3-تكسر الشباك والابواب
4-Loss of housing all together	___	4-تلف كامل بالمنزل
5-Loss in water and electricity	___	5-خسارة في نظام الماء والكهرباء
6-Others, Specific .....	___	6-اخرى (حدد).....

7.4 Has your household experienced an increase in violence in the last 6 months?  
 7-5. هل شهدت اسرتك اي زيادة في ممارسة العنف في الاشهر الست الماضية

نعم 1 Yes لا 2 No |\_\_\_|

If yes please circle all that apply اذا كانت الإجابة بنعم يرجى الاجابة على كل الإجابات المتسقة مع وضعكم

1.Domestic violence	___	1.عنف منزلي
2.Sexual violence	___	2.عنف جنسي
3.Street violence or crime ,theft or robbery	___	3.عنف في الشارع او جريمة او سرقة
4.House break\ ins robberies	___	4.سرقات منزلية/انهب
5. Others Specific .....	___	5.اخرى حدد.....

7.5 Did any member of your household avail of any formal social assistance in the last 6 months?  
 7-5. هل حصل احد افراد الاسرة على اي دعم اجتماعي رسمي خلال ال 6 اشهر الماضية؟

نعم 1 Yes لا 2 No |\_\_\_|

If yes please circle all that apply اذا كانت الإجابة بنعم يرجى الاجابة على كل الإجابات المتسقة مع وضعكم

1.Food	___	1.غذاء
2.Clothes	___	2.ملابس
3.Housing	___	3.مسكن
4.Money	___	4.نقود
5. Others Specific .....	___	5.اخرى حدد.....

7.6 If yes in 7.5 who provided the assistance  
 7-6. اذا كانت الإجابة نعم في 7.5 فمن الذي وفر الدعم

نعم 1 Yes لا 2 No

1.Government	___	1.الحكومة / الزكاة
2.NGO	___	2.منظمات طوعيه
3.Private Sector	___	3.قطاع خاص

4. Others	Specific	____	4.....أخري حدد.....
7.7 Did any member of your household received microfinance in the last 6 months? 7-7. هل حصل احد افراد الاسرة على اي تمويل اصغر خلال ال 6 اشهر الماضية؟			
			نعم 1 Yes لا 2 No  ____

8. What is the household main source of drinking water? 8. ما هو المصدر الرئيسي للأسرة لمياه الشرب؟		
____		
Piped into yard or plot	1	عن طريق المواسير المنزلية
Public tab or standpipe	2	مواسير عامة
Tube well or borehole	3	بئر آمنه
Unprotected well	4	بئر غير آمنه
Protected spring	5	نبع آمن /محمي
Unprotected spring	6	نبع غير آمن /محمي
Rainwater collection	7	مياه الامطار
Tanker-truck	8	تانكر
Cart with small tank or drum	9	عربة كارو
surface water	10	مياه سطحية

8.1 did your household experienced any water outage in the last month.	8-1 هل شهدتم اي قطوعات في المياه في الشهر الماضى نعم 1 Yes لا 2 No
--	---

8.2 What was the household's main alternative source of drinking water during this outage?  ____	8.2 ما هو مصدر المياه البديل لاسرتك في حالة الإنقطاع ما هو مصدر المياه البديل لاسرتك في حالة الإنقطاع
Piped into yard or plot	1 عن طريق المواسير المنزلية
Public tab or standpipe	2 مواسير عامة
Tube well or borehole	3 بئر آمنه
Unprotected well	4 بئر غير آمنه
Protected spring	5 نبع آمن /محمي
Unprotected spring	6 نبع غير آمن /محمي
Rainwater collection	7 مياه الامطار
Tanker-truck	8 تانكر
Cart with small tank or drum	9 عربة كارو
surface water	10 مياه سطحية
Water lighter –container	11 صهاريج

8.3 Do you or any other member of this household do anything to the water to make it safer to drink?

هل أي فرد من أفراد الأسره يعمل أي معالجات للمياه لتكون صالحه للشرب

نعم 1 Yes لا 2 No |\_\_\_|

8.4 What do you usually do to make the water safer to drink? Probe: Anything else? Record all methods mentioned.

ما الذي تفعلونه عادة لمعالجة المياه كي تصبح صالحه للشرب

نعم 1 Yes لا 2 No

1.Boiling	___	1.الغلي
2.Add chlorine	___	2.إضافة الكلور
3.Strain through cloth	___	3.استخدام قماش
4.Use water filter	___	4.فلتر
5.Solar disinfection	___	5.التعقيم بالطاقة الشمسية
6.Let it stand and settle	___	6.تركها تترسب لوحدها

SECTION 9– FOOD SOURCE AND CONSUMPTION

مصادر الاطعمة والاستهلاك - قسم 9

How many days in the past 7 days has your household eaten the following food items, and what was the main source of each food item consumed

كم عدد الأيام التي أكلت أسرتك الأطعمة التالية خلال الـ 7 أيام الماضية وما هي مصادر الأطعمة المستهلكة؟

ASK LINE BY LINE FOR EACH ITEM BOTH QUESTIONS

اسأل السؤالين لكل بند على حدة؟

Write 0 for foods not eaten over the last 7 days , Use codes below for the food sources - If there are several sources for a same food, indicate the main source

أكتب 0 في الصندوق المقابل للطعام الذي لم يتم أكله خلال الـ 7 أيام الماضية

أستخدم الرموز أدناه لمصادر الطعام ، إذا كان المصادر متعددة لنفس الطعام أذكر المصدر الرئيسي

Food item	المصدر الاساسي للطعام ادخل رمزاً للطعام من القائمة ادناه b) Main food source (Where do you get it (?from Insert code from below	عدد الايام التي أكل فيها نوع الطعام الاسبوع الماضي (0 - 7) a) Number of days when the food was eaten last week (0 to 7)	نوع الطعام
1 Cereal (sorghum, millet, wheat, bread, maize and rice)	<input type="text"/>	<input type="text"/>	الحبوب (ذرة – دخن-قمح-خبز- ارز-ذرة شامي)
2 Legumes/ nuts (Beans-cow-peas-peanuts-lentils,.....)	<input type="text"/>	<input type="text"/>	البقوليات(فول – فاصوليا-غدس -.....)
3 Milk and other dairy products: Fresh milk-yogurt-cheese...	<input type="text"/>	<input type="text"/>	اللبن و منتجاته (زبادي – جبنة -.....)

4 Meat, fish and egg (beef- goat – chicken – fish –tuna); (dry meat not including in this group)	<input type="text"/>	<input type="text"/>	اللحوم بأنواعها و السمك والبيض ( الثرموت لا يضمن ضمن هذه المجموعة)
--	----------------------	----------------------	--

Q 4 = 0 > skip to question 5 إذا كان السؤال 4 = 0 ، انتقل الى السؤال 5

4.1	Flesh meat: Beef-lamb- goat-chicken	<input type="checkbox"/>	<input type="checkbox"/>	لحم البقر , لحم الضأن، الماعز والدجاج	4.1
4.2	Organ meat: Liver-kid- ney-heart ... etc	<input type="checkbox"/>	<input type="checkbox"/>	الكبد - الكلى - القلب ... الخ	4.2
4.3	Fish/shell- fish: Fish- Tuna ....etc (not as a condiment)	<input type="checkbox"/>	<input type="checkbox"/>	اسماك - تونه - محار .... الخ	4.3
4.4	Eggs	<input type="checkbox"/>	<input type="checkbox"/>	بيض	4.4

5	Vegetables and leaves (for exam- ple spinach, onion, tomat- oes, carrots, peppers, green beans, lettuce etc.) – including dry vegeta- bles	<input type="checkbox"/>	<input type="checkbox"/>	الخضروات والأوراق علي سبيل المثال: السبانخ - بصل - طماطم - جزر - فلفل - فاصوليا خضراء - الخس .. الخ	5
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If Q5 = 0 > skip to question 6 ، انتقل الى السؤال 6

5.1	<u>Orange</u> veg- etables (rich in <u>vitamin A</u> ): Carrot, red peppers, or- ange sweet potatoes - pumpkin	<input type="checkbox"/>	<input type="checkbox"/>	الخضروات برتقالية اللون الغنية ب فيتامين (أ) مثل الجزر - الفلفل الاحمر - البامبي - القرع	5.1
5.2	Dry vegeta- bles (for ex- ample:- Dry okra, dry to- matoes, dry onions)	<input type="checkbox"/>	<input type="checkbox"/>	الخضروات الجافة (حاجات ملاح) علي سبيل المثال: ويكة / صلصة ناشفة / بصل ناشف	5.2
5.3	Dark green leafy veg- etables: spinach-dark green leaves	<input type="checkbox"/>	<input type="checkbox"/>	الخضروات الخضراء الداكنة الاوراق مثل السبانخ و الجرجير ة الخضرة	5.3

6	Fruits (for example ba- nana, apple, lemon, man- go, papaya, water melon, honey melon etc.)	<input type="checkbox"/>	<input type="checkbox"/>	الفواكه علي سبيل المثال: الموز - التفاح - الليمون - المانجو - الباباي - المشمش - الخوخ - البطيخ - الشمام ... الخ	6
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If Q6 = 0 > skip to question 77 انتقل الى السؤال 77، اذا كان السؤال 6 = 0،

6.1	Orange fruits rich in vitamin A: Mango, papaya, apricot, peach etc.	<input type="checkbox"/>	<input type="checkbox"/>	الفواكه برتقالية اللون الغنية ب فيتامين (أ) مثل المانجو – الباباي – الخوخ - المشمس	6.1
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7	Cooking oil/fats	<input type="checkbox"/>	<input type="checkbox"/>	زيت طعام / دهون	7
8	Sugar or sweet (Sugar – Honey – Jam – Cakes – candy ...etc)	<input type="checkbox"/>	<input type="checkbox"/>	سكر او حلويات (سكر – عسل – مربه – كيك )	8
9	Condiments / Spices: tea – coffee – salt – garlic – dry meat or fish as condiment	<input type="checkbox"/>	<input type="checkbox"/>	التوابل / البهارات: قهوة – ملح – ثوم – صلصة – لحم او سمك ناشف	9

#### Food source codes

- 1 = Own production (crops, animals)  
 2 = Fishing / Hunting  
 3 = Gathering  
 4 = Loan  
 (Market (purchase on cash = 5  
 6 = Market (purchase on credit)  
 7 = Beg for food  
 8 = Exchange labor or items for food  
 9 = Gift (food) from family/relatives  
 10 = Food aid (NGOs, WFP)

#### رمز مصدر الطعام

- 1 = الانتاج الخاصة بها (المحاصيل والحيوانات)  
 2 = الصيد  
 3 = جمع  
 4 = قرض / الاستلاف  
 5 = السوق (شراء نقدا)  
 6 = السوق (شراء بالدين)  
 7 = تسول الغذاء  
 8 = تبادل المواد للأغذية / او العمل مقابل الغذاء  
 9 = هدية (الغذاء) من الأسرة / الأقارب  
 10 = المعونة الغذائية (المنظمات غير الحكومية، WFP)

SECTION 10 – COPING STRATEGIES		استراتيجية التكيف - قسم 10
In the past 7 days were there times when you did not have enough food or money to buy food?		خلال الاسبوع الماضي، هل مررت بفترات لم يكن لديك غذاء كافي أو مال لشراء احتياجاتك؟ ضع رقم خيار واحد في المربع الخالي اعلاه 1 = Yes 0 = No لا نعم (If no, go to question 6.2.1) اذا كانت الاجابة بلا، انتقل الى سؤال 6.2.1 <input type="checkbox"/>
If yes, how often has your household had to:	Number of days in the past 7 days: 0-7 عدد الايام في الماضي 0-7	ا كانت الاجابة بنعم، كم عدد الايام التي قمتم فيها بـ ؟
1. Rely on less preferred and less expensive foods?	<input type="checkbox"/>	1. الأعتداع على أطعمة أقل تفضيلا و أقل تكلفة
2. Eat borrowed food or borrowed money to purchase food?	<input type="checkbox"/>	2. إستلاف طعام أو نقود لشراء الطعام

3. Rely on help from friends or relatives (musaada)	__	الإعتماد علي مساعدة من الأصدقاء و الأقرباء 3
4. Limit portion size at mealtimes?	__	. التقليل من كمية الطعام في زمن الوجبات 4
5. Restrict consumption for adults in order for small children to eat?	__	. الحد من إستهلاك الكبار من أجل 5 إطعام الصغار
6. Reduce number of meals eaten in a day?	__	. تقليل عدد الوجبات في اليوم 6

During the past 30 days, did anyone in your household have to engage in any following actions due to a lack of food or a lack of money to buy food?

استراتيجيات المواجهة المستندة إلى سبل كسب الرزق -خلال ال 30 يوما الماضية، هل انخرط أي شخص في الأسرة في أي من الممارسات التالية بسبب نقص الغذاء أو الافتقار إلى المال لشراء الأغذية؟

6.2.1 Which of the following actions did your household engage in due to a lack of food or a lack of money to buy food? أي من الإجراءات التالية فعلت بسبب نقص الغذاء أو عدم وجود المال لشراء الطعام؟

1.Sold household assets/ goods (radio, furniture, refrigerator, television, jewelry etc.) بيع الأصول  والسلع المنزلية (راديو، الأثاث، ثلاجة، تلفزيون، المجوهرات إلخ	1 = Yes نعم  0 = No لا   __	If no, why? لماذا؟ 1 = No, because it wasn't necessary = 1 من الضروري لا ليس 2 = No, because I already sold those assets or did this activity within the last 12 months and I cannot continue to do it لا لأنني بالفعل بعت الأثاثات 3 = No, I did not have those household = 3 assets/goods. لا, ليس لدى اثاث	__
2.Reduced non-food expenses on health (including drugs) and education تخفيض النفقات غير الغذائية على الصحة (بما في ذلك الادوية ) والتعليم	__	If no, why? لماذا؟ 1 = No, because it wasn't necessary = 1 من الضروري لا ليس 2 = No, because I have already reduced non-food expenses on health and education within the last 12 months and I cannot continue to do it لا لأنني بالفعل خفضت النفقات 3 = No, I did not have non-food expenses on health and education in the first place. لا, ليس لدى نفقات	__
Sold productive assets.3 or means of transport (sewing machine, wheel- (.barrow, bicycle, car, etc بيع الأصول الإنتاجية أو وسائل النقل (آلة الخياطة، عربية، الدراجات، السيارات، إلخ	__	If no, why? لماذا؟ 1 = No, because it wasn't necessary = 1 من الضروري لا ليس 2 = No, because I already sold those assets within the last 12 months and I cannot continue to do it لا لأنني بالفعل بعت الأصول الإنتاجية 3 = No, I did not have productive assets or means of transport in the first place., لا ليس لدى اصول انتاجية	__

<p>4. Spent savings استهلاك المدخرات</p>	<p>_____</p>	<p>If no, why? اذا كانت الاجابة بلا، لماذا؟          1 = No, because it wasn't necessary = 1 من الضروري لا ليس          2 = No, because I already spent savings within the last 12 months and I cannot continue to do it لا لانني بالفعل استهلكت المدخرات          3 = No, I did not even have savings in the first place. لا، ليس لدى مدخرات.</p>	<p>_____</p>
<p>5. Borrowed money / food from a formal lender / bank / اقتراض الأموال / الغذاء من مقرض رسمي/البنك</p>	<p>_____</p>	<p>If no, why? اذا كانت الاجابة بلا، لماذا؟          1 = No, because it wasn't necessary = 1 من الضروري لا ليس          2 = No, because I already borrowed money from bank within the last 12 months and I cannot continue to do it لا لانني بالفعل اقتترضت المال          3 = No, I do not have access to credit in bank in the first place. لا، ليس لدى سبل اقتراض.</p>	<p>_____</p>
<p>6. Sold house or land زراعية بيع منزل أو أرض</p>	<p>_____</p>	<p>If no, why? اذا كانت الاجابة بلا، لماذا؟          1 = No, because it wasn't necessary = 1 من الضروري لا ليس          2 = No, because I already sold those assets within the last 12 months and I cannot continue to do it لا لانني بالفعل بعث الارض          3 = No, I do not have house or land in the first place. لا . ليس لدى منزل او ارض زراعية</p>	<p>_____</p>
<p>7. Withdrew children from school سحب الأطفال من المدرسة</p>	<p>_____</p>	<p>If no, why? اذا كانت الاجابة بلا، لماذا؟          1 = No, because it wasn't necessary = 1 من الضروري لا ليس          2 = No, because I already have withdrew children from school within the last 12 months and I cannot continue to do it لا لانني بالفعل سحبت الأطفال من المدرسة          3 = No, I do not have children to take out of school لا ليس لدى اطفال في المدارس</p>	<p>_____</p>
<p>8. Sold last female animals بيع أنثى الحيوانات</p>	<p>_____</p>	<p>If no, why? اذا كانت الاجابة بلا، لماذا؟          1 = No, because it wasn't necessary = 1 من الضروري لا ليس          2 = No, because I already sold those assets within the last 12 months and I cannot continue to do it لا لانني بالفعل بعث أنثى الحيوانات          3 = No, I did not have female animals in the first place. لا ليس لدى انثى حيوان.</p>	<p>_____</p>

9. Begging لتسول	__	<p>If no, why? اذا كانت الاجابة بلا، لماذا؟          1 = No, because it wasn't necessary لا ليس من الضروري          2 = No, because I already did begging within the last 12 months and I cannot continue to do it لا لانني بالفعل تسولت في الاثني عشر شهرا ولا يمكنني ان اواصل          3 = Not socially acceptable. لا. ليس مقبول اجتماعيا</p>	__
10 Sold more animals (non-productive) than usual بيع مزيد من الحيوانات (غير منتجة) على نحو غير عادي	__	<p>If no, why? اذا كانت الاجابة بلا، لماذا؟          1 = No, because it wasn't necessary لا ليس من الضروري          2 = No, because I already sold those assets within the last 12 months and I cannot continue to do it لا لانني بالفعل بعت الحيوانات (غير منتجة) في الاثني عشر شهرا ولا يمكنني ان اواصل          3 = No, I did not have animals in the first place. ليس لدى حيوانات.</p>	__

11. In case of reduced consumption or lower quality of food who is affected more? في حالة نقص الطعام في الاسرة من الذي يتضرر اكثر  __		
Father	1	الاب
Mother	2	الام
Children	3	الاطفال
Other household member	4	بقية اعضاء الاسرة

## Annex B

### Checklist for FGD

#### A rapid assessment of the impact of the economic situation on the urban population in Khartoum State

1. Extent of awareness of recent economic policies implemented in January 2018?
2. How people understand / receive these policies/ shocks?
3. Who are the most vulnerable groups in the community/ group? What level of vulnerability?
4. Which social groups have been more seriously impacted?
5. If you are employed which sector? Any who lost his/her job? Why?
6. Did any experienced cut/ increase in wage, by what % and why?
7. Do you get support during the period after January 2018 from?
  - a) NGOs
  - b) Zakat
  - c) Government through Social Funds
  - d) Government through direct cash transfers
  - e) Other (specify)
8. What are the mitigating measures of these policies? And Who really benefited?
  - o Support from Government: Cash / in kind support?
  - o Support of Services delivery system/ infrastructure etc.?
  - o Subsidies for certain commodities?
  - o Zakat; social protection interventions; credit, etc.
  - o Informal community help; social networks; diaspora etc? Evaluation of the living conditions situation before and after January 2018
9. What are the consequences of the new policies on your living conditions e.g. in relation to availability and affordability of basic commodities; delivery and access to services?
10. How it affected the different individuals within the household?
11. How was your income or incomes of other household members affected? E.g. Jobs, wages, closure of booming of business, uncertainty about the future ?
12. How social relations and support networks have been affected?
13. What and how are the coping mechanisms you are using to adjust to the new circumstances?
  - Borrowing from whom/ frequency?
  - Change in work style; Additional jobs; additional work hours;
  - Change in consumption pattern: ( in what way: cereals, tubers/starchy roots, fruits, vegetables, legumes, nuts, dairy products, eggs, meat and fish, oil and fat?
  - children schooling (drop out, child labour etc);Access to drinking water how changed; access to health services and or medical care?  
Remittances from abroad
14. Selling of assets to meet family needs/ what exactly?
15. Did you experience reduced expenditure on health, education, other services and to what extent?
16. Did you or any of your members experienced any kind of violence at home, street etc. – what exactly and why?
17. If food consumption patterns changed after January 2018, do you feel a significant change in your budget allocation to health and education?
  - Describe the food utilization before and after January 2018 ( cooking – storage – using Gaz , charcoal – way of cooking – quality )

- 
- Your meal composition before and after January 2018? Please mention the items you missed
  - Indication of household and food budget before and after January 2018
  - Availability, accessibility and affordability before and after January 2018?
18. Percent expenditures of income on the following items before and after January 2018
- a. Bread
  - b. Other cereals(duira, dukhun, wheat.....etc)
  - c. Other food items (tomato, oil) Clothing
  - d. Transport
  - e. Education
  - f. Health
  - g. Fruits
19. % Price increase of the main food items:
- Bread
  - Wheat flour
  - Rice,
  - Sugar
  - Lamb Meat
  - Beef meet
20. What is the % increase in the following items?
- Medicine
  - Transportation
  - School children transport
  - Communication
  - Accommodation
  - Leisure
  - Others
21. What % of income increase needed to keep your family living as before January 2018?  
(household budget exercise)
22. Do you see any impact of the policies since Jan 2018 on the nature and frequency of crime?
23. Do you see/feel any impact for the limited access to cash from the banks?
24. If yes, describe
25. Other reflections

## Annex C:

### The Supporting Tables

**Table (1): Average Household Members by Sex**

Locality	Average household members	Respondent Sex Ratio %	
		Male	Female
Bahri	6	63	37
Eastern Nile	6	64	36
Jebel Awlia	7	63	37
Karrari	6	71	29
Khartoum	6	84	16
Omdurman	6	87	13
Um Baddah	6	49	51
All Khartoum State	6	70	30

**Table (2): Marital Status of the head of the Household**

Locality	% of Household Head who are:						
	Married	Single	Separat- ed	Divorced	widowe	Desert- ed	all
Bahri	72	16	2	2	7	0	100
Eastern Nile	82	6	0	3	9	0	100
Jebel Awlia	80	11	0	7	2	0	100
Karrari	78	9	2	2	9	2	102
Khartoum	75	16	2	6	1	0	100
Omdurman	80	14	0	0	6	0	100
Um Baddah	77	3	0	10	10	0	100
All Khartoum State	78	11	1	4	6	*	100

Less than 0.5%

**Table (3): household Income by Source:**

Locality	Relative Importance of HH Income Sources ( %)					
	Salaried	Small busi- ness/petty trade	Casual labor	Pension rental	Traditional mining	other
<b>Bahri</b>	37	13	29	0	0	21
<b>Eastern Nile</b>	27	15	24	21	0	12
<b>Jebel Awlia</b>	20	20	45	2	0	13
<b>Karrari</b>	20	15	23	10	2	30
<b>Khartoum</b>	38	31	8	15	0	8
<b>Omdurman</b>	41	20	26	6	0	7
<b>Um Baddah</b>	12	28	30	1	15	15
<b>All Khartoum State</b>	29	19	25	9	2	16

**Table (4): Female Members with Separate Income or share in HH Income**

Locality	Female Member with Separate income		Female Member has a share in HH income	
	Yes %	No %	Yes %	No %
Bahri	58	42	21	79
Eastern Nile	27	73	24	76
Jebel Awlia	17	83	17	84
Karrari	32	68	15	85
Khartoum	39	61	41	59
Omdurman	30	70	32	68
Um Baddah	47	53	46	54
All Khartoum State	36	64	28	72

**Table (5): Ownership of dwellings**

Locality	%				
	owned	Mortgage	rented	Inherited	others
Bahri	58	0	23	7	12
Eastern Nile	49	0	24	24	3
Jebel Awlia	55	1	34	7	2
Karrari	52	0	25	21	2
Khartoum	49	0	22	27	2
Omdurman	56	1	36	2	5
Um Baddah	35	0	19	42	4
All Khartoum State	52	*	26	18	4

Less than 0.5%

**Table (6): changing Housing Condition**

Locality	Changes in house condition %		Why %					
	yes	no	Damaged floor or wall	Damaged and leaking roof	Broken window/door	Loss housing	Loss in water electricity	Others
Bahri	36	64	44	19	0	6	6	25
Eastern Nile	13	88	50	33	0	0	17	0
Jebel Awlia	12	88	40	40	0	10	10	0
Karrari	21	79	31	15	0	8	15	31
Khartoum	22	78	41	12	6	18	0	24
Omdurman	25	76	31	19	8	4	4	35
Um Baddah	9	91	43	29	0	0	0	29
All Khartoum State	21	79	40	22	2	7	9	20

**Table (7): Education Status of the Head of the Household**

Locality	% of Household Head who have:				
	Non	Primary/ Khalwa	Secondary Academi- cals/vocational	University / postgraduate	all
Bahri	5	23	49	23	100
Eastern Nile	21	19	33	27	100
Jebel Awlia	12	64	19	5	100
Karrari	12	42	31	15	100
Khartoum	7	22	37	34	100
Omdurman	8	24	31	37	100
Um Baddah	34	34	29	3	100
All Khartoum State	13	30	34	23	100

**Table (8) :Relative Importance of different Sources of Drinking Water**

Locality	Relative Importance of the Source (%)									
	Piped into yard or plot	Public tab or stand-pipe	Tube well or bore-hole	Un-protected well	Pro-protected spring	Unprotected spring	Rain-water collection	Tank-er-truck	Cart with small tank or drum	Sur-face water
Bahri	71	24	0	0	0	0	3	0	3	0
Eastern Nile	89	11	0	0	0	0	0	0	0	0
Jebel Awlia	62	13	1	1	0	0	0	0	23	0
Karrari	68	25	0	0	0	0	0	0	8	0
Khar-toum	70	28	1	0	0	0	1	0	0	0
Omdur-man	93	6	0	0	0	0	0	0	1	0
Um Baddah	56	9	15	0	0	0	0	0	20	0
All Khar-toum State	75	18	1	*	0	0	*	0	6	0

**Table (9): Water: outage and safety**

Locality	HH experi-enced Water outage %		Efforts to have safe wa-ter to drink		Usual Practice to have safe water				
	yes	no	yes	No	boil-ing	Chlo-rine	Strain through cloth	Water filter	Let it stand and settle
Bahri	71	29	29	71	8	0	0	25	67
Eastern Nile	64	36	12	88	25	0	0	25	50
Jebel Awlia	57	43	26	74	0	5	0	0	95
Karrari	47	53	11	90	17	17	0	0	67
Khartoum	67	33	48	52	5	0	5	16	75
Omdurman	64	36	35	65	9	0	0	72	19
Um Baddah	67	33	20	80	0	0	31	6	63
All Khartoum State	67	33	20	80	11	4	3	22	60

**Table (10): Changes in HH income during the Last Six Months**

Locality	Changes in HH Income %		
	increased	decreased	Stable
Bahri	29	45	26
Eastern Nile	24	27	49
Jebel Awlia	32	39	29
Karrari	21	58	21
Khartoum	34	26	40
Omdurman	25	26	50
Um Baddah	29	44	27
All Khartoum State	27	38	35

**Table (11): Purchasing Power Indicator**

Locality	Less than:		
	Less than 1 LFB	Between 1 – 2 LFBs	More than 2 LFBs
Bahri	50	38	12
Eastern Nile	33	33	33
Jebel Awlia	59	37	5
Karrari	53	38	9
Khartoum	48	41	11
And Omdurman	17	53	30
Um Baddah	43	46	11
All Khartoum State	43	40	17

\*\* LFB = SDG 24.05

**Table (12): Living Conditions after January 2018 compared to before January 2018**

Locality	Living condition situation %				
	Much worse	Worse	same	Better	I don't know
Bahri	56	18	3	23	0
Eastern Nile	61	29	3	7	0
Jebel Awlia	88	9	1	2	0
Karrari	62	12	6	20	0
Khartoum	85	13	0	2	0
Omdurman	45	20	7	28	0
Um Baddah	64	26	9	1	0
All Khartoum State	64	18	4	14	0

**Table (13): Households Currently indebted**

Locality	%			
	no	Yes but little	Yes moderate amount	Yes a lot
Bahri	41	33	3	23
Eastern Nile	61	21	9	9
Jebel Awlia	35	32	22	11
Karrari	30	18	18	33
Khartoum	52	17	18	14
Omdurman	41	20	26	12
Um Baddah	66	20	11	3
All Khartoum State	45	23	15	17

**Table (14): Ease of Borrowing Money**

Locality	%			
	no	Yes but little	Yes moderate amount	Yes a lot
Bahri	20	23	53	3
Eastern Nile	62	24	14	0
Jebel Awlia	28	54	18	0
Karrari	59	21	18	2
Khartoum	55	14	26	5
Omdurman	32	28	29	12
Um Baddah	66	33	1	0
All Khartoum State	46	26	25	3

**Table (15): Potential Sources for Borrowing**

locality	Relative importance of potential source for Borrowing %:					
	relatives	friends	Grocery	Money lender	Community or-organization	others
Bahri	40	34	16	0	3	8
Eastern Nile	48	7	41	3	0	0
Jebel Awlia	28	35	26	3	0	8
Karrari	34	23	36	0	3	3
Khartoum	53	26	9	5	0	7
Omdurman	43	20	29	2	0	6
Um Baddah	57	21	17	3	0	1
All Khartoum State	43	23	27	2	1	5

**Table (16): frequency of Borrowing between December 2017 and August 2018**

locality	2017				2018			
	Never	Once a month	twice a month	Few times a month	Never	Once a month	twice a month	Few times a month
Bahri	40	9	3	49	23	14	9	54
Eastern Nile	61	26	7	7	38	41	3	17
Jebel Awlia	51	21	13	15	25	18	19	37
Karrari	21	15	7	58	14	10	15	61
Khartoum	57	26	10	7	35	28	18	19
Omdurman	53	25	11	11	31	32	12	24
Um Baddah	71	23	3	3	64	24	7	4
All Khartoum State	48	20	8	25	30	24	11	34

**Table (17): Percentage of Family members who suffered from illness and those that did not receive treatment**

Locality	% of family members:		% HH didn't receive treatment:			
	Suffered %	Don't receive treatment	Can't afford the cost	No close health center	Use traditional medicine	others
Bahri	47	10	100	0	0	0
Eastern Nile	73	9	50	0	50	0
Jebel Awlia	50	38	75	6	13	6
Karrari	61	13	80	20	0	0
Khartoum	56	4	100	0	0	0
Omdurman	71	22	93	0	0	7
Um Baddah	84	10	50	0	17	33
All Khartoum State	52	10.6	66.8	4.5	11.9	2.8

Relative Importance of Household Income Sources

**Table (18): Access to Health Services after January 2018**

Locality	Afford use medical service				Afford treatment for illness or injury			
	No	Yes with much difficulty	Yes with some difficulty	Yes covered by insurance	no	Yes with much difficulty	Yes with some difficulty	Yes covered by insurance
Bahri	22	17	25	36	33	20	17	30
Eastern Nile	19	71	7	3	15	73	9	3
Jebel Awlia	23	53	12	12	32	46	12	11
Karrari	30	25	8	37	39	32	13	16
Khartoum	22	26	41	11	26	18	43	13
Omdurman	29	28	14	29	38	22	11	29
Um Baddah	24	61	7	7	26	63	6	6
All Khartoum State	24	39	16	21	30	38	16	16

**Table (19): Access to Health Service Before January 2018**

Locality	Afford use medical service				Afford treatment for illness or injury			
	No	Yes with much difficulty	Yes with some difficulty	Yes covered by insurance	no	Yes with much difficulty	Yes with some difficulty	Yes covered by insurance
Bahri	19	33	19	28	33	12	24	30
Eastern Nile	15	76	6	3	12	76	12	0
Jebel Awlia	14	51	18	17	27	42	20	11
Karrari	31	44	6	19	40	24	11	25
Khartoum	22	20	42	15	27	17	41	16
Omdurman	31	25	15	29	36	24	13	27
Um Baddah	24	61	9	6	25	61	9	6
All Khartoum State	23	44	16	17	29	35	19	18

**Table( 20): Situation of HH Income after January 2018**

Locality	HH income Satisfy Basic Needs		If no, Relative Importance of your Options to reach Satisfaction				
	% yes	% no	Sell assets	Borrowing	Reduce utilizing health services	Reduce the quantity of food	others
Bahri	26	74	10	31	8	35	16
Eastern Nile	42	58	23	32	6	32	6
Jebel Awlia	12	88	5	23	8	30	34
Karrari	13	87	21	35	6	27	11
Khartoum	14	86	16	37	8	17	22
Omdurman	19	81	8	36	10	19	27
Um Baddah	61	39	25	28	11	25	11
All Khartoum State	25	75	16	32	8	27	17

**Table (21): Situation of HH income before January 2018**

Locality	HH income Satisfy Basic Needs		If no, Relative Importance of your Options to reach Satisfaction				
	% yes	% no	Sell assets	Borrowing	Reduce utilizing health services	Reduce the quantity of food	others
Bahri	31	69	10	29	10	43	10
Eastern Nile	65	35	23	27	14	27	9
Jebel Awlia	65	35	8	33	6	24	29
Karrari	18	82	23	35	7	30	6
Khartoum	49	51	13	38	9	11	29
Omdurman	36	64	13	31	15	18	23
Um Baddah	67	33	35	39	3	13	10
All Khartoum State	47	53	18	33	9	24	16

**Table (22): Food Coping Strategy**

Locality	Relative importance %			
	No coping	Low coping	Medium coping	High coping
Bahri	69	19	7	5
Eastern Nile	55	18	9	18
Jebel Awlia	33	38	28	1
Karrari	33	30	14	23
Khartoum	69	9	3	18
Omdurman	56	16	12	16
Um Baddah	40	13	13	34
All Khartoum State	52	20	12	16

**Table (23): Expenditure on Food**

Locality	Expenditure on Food out of total HH Income	
	Less than or equal 65%	Greater than 65%
Bahri	31	69
Eastern Nile	0	100
Jebel Awlia	20	80
Karrari	39	61
Khartoum	31	69
Omdurman	33	67
Um Baddah	16	84
All Khartoum State	25	75

Note: 65% is the World Bank threats

**Table (24): Food Consumption Score**

Locality	Score %		
	poor	borderline	Acceptable
Bahri	5	7	88
Eastern Nile	0	6	94
Jebel Awlia	4	6	91
Karrari	16	28	57
Khartoum	2	7	91
Omdurman	0	0	100
Um Baddah	0	9	91
All Khartoum State	4	10	86

**Table (25): Livelihood Coping Strategy**

Locality	Relative importance %			
	HH not adopting coping strategy	Stress coping strategies	Crisis coping strategies	Emergencies coping strategies
Bahri	51	14	32	3
Eastern Nile	30	15	49	6
Jebel Awlia	30	12	53	5
Karrari	25	16	51	8
Khartoum	45	18	20	16
Omdurman	24	21	44	11

Um Baddah	34	19	40	7
All Khartoum State	34	16	41	9

**Table (26): Selling HH Assets before and after January 2018**

Locality	Selling HH Assets before January 2018		Selling HH Assets after January 2018	
	Yes %	No %	Yes %	No %
Bahri	12	88	24	76
Eastern Nile	3	97	24	76
Jebel Awlia	26	74	37	64
Karrari	34	66	39	61
Khartoum	15	85	25	75
Omdurman	25	75	22	78
Um Baddah	21	79	33	67
All Khartoum State	19	81	29	71

**Table (27): Relative Importance of the Reasons for selling Assets**

Locality	Relative Importance of the Reasons %				
	To secure food	To afford Health services	To pay Education fees	To provide clothing	others
Bahri	55	9	27	0	9
Eastern Nile	50	13	38	0	0
Jebel Awlia	57	31	3	9	0
Karrari	61	14	21	4	0
Khartoum	25	25	21	18	11
Omdurman	35	35	13	9	9
Um Baddah	70	4	22	4	0
All Khartoum State	49	18	23	6	4

**Table (28): Reduction of Expenditure on Education in the Past Six Month**

Locality	Reduction of Expen.		how %			
	yes	no	Transferred children to lower school quality	From private to public school	Reduce education expenditure	Withdraw children from school
Bahri	26	74	44	22	33	0
Eastern Nile	13	87	0	50	50	0
Jebel Awlia	35	65	6	6	52	35
Karrari	48	52	34	18	34	13
Khartoum	21	79	35	22	30	13
Omdurman	20	80	29	5	48	19
Um Baddah	29	71	25	21	42	13
All Khartoum State	27	73	26	23	40	11

**Table (29): Reasons for Children not Attending School**

Locality	Reasons for Children not attending School %:							
	No school	School is far a way	HH cannot afford school fees	Children unwilling	Physical/mental challenge	Children have to contribute to family income	Others	No reason
Bahri	0	0	11	0	11	11	44	22
Eastern Nile	0	0	0	100	0	0	0	0
Jebel Awlia	5	0	50	0	0	15	30	0
Karrari	0	0	19	0	0	5	14	62
Khartoum	0	0	13	0	0	0	6	81
Omdurman	0	0	41	18	6	0	12	24
Um Baddah	0	0	43	7	7	21	21	0
All Khartoum State	1	0	21	22	3	6	17	30

**Table (30): Reduction of Expenditure on health for children below 18 in past 6 months**

Locality	Reduction of Expenses.		how %			
	yes	no	Reduce utilization of health services	Reduce number of visits for regular preventive health care	Reduce health expenditure including medication	others
Bahri	28	73	9	0	36	55
Eastern Nile	6	94	50	0	0	50
Jebel Awlia	26	74	10	10	38	41
Karrari	43	57	16	11	37	37
Khartoum	12	88	0	20	50	30
Omdurman	17	84	35	29	26	10
Um Baddah	16	84	18	18	55	9
All Khartoum State	22	78	21	11	31	36

**Table (31): Formal Social assistance during the last six months**

Locality	Formal Social assistance		Type of Support %					Source of Support			
	yes	no	food	Clothes	Housing	Money	others	Gov	NGO	Private	others
Bahri	10	91	0	20	0	80	0	100	0	0	0
Eastern Nile	7	94	50	0	0	50	0	50	0	0	50
Jebel Awlia	14	86	27	7	0	60	7	63	0	13	25
Karrari	11	89	20	0	0	80	0	17	17	50	17
Khartoum	17	83	6	6	0	75	13	10	0	70	20
Omdurman	5	95	40	0	0	40	20	100	0	0	0
Um Baddah	3	97	20	20	20	20	20	40	20	20	20
All Khartoum State	9	91	24	6	1	62	7	54	5	22	19

**Table (32): Household Support (Cash or in Kind) after January 2018**

Locality	Receive financial or in kind help		Relative importance of Source of help %						
	yes	no	relatives	friends	neighbors	Gov.	Funding institution	Charity	others
Bahri	20	80	63	13	13	0	0	13	0
Eastern Nile	19	81	67	0	0	0	0	17	17
Jebel Awlia	27	73	61	0	9	4	4	17	4
Karrari	26	74	33	0	0	0	11	44	11
Khartoum	30	70	68	18	0	0	0	11	4
Omdurman	21	79	67	11	11	0	0	6	6
Um Baddah	10	90	17	0	0	50	0	33	0
All Khartoum State	22	78	56	6	5	4	3	20	6

**Table (33): Financial or in-kind help before January 2018**

Locality	Receive financial or in kind help		Relative importance of Source of help %						
	yes	no	relatives	friends	neighbours	Gov.	Funding institution	Charity	others
Bahri	15	85	83	17	0	0	0	0	0
Eastern Nile	16	84	40	0	0	0	20	20	20
Jebel Awlia	24	77	65	5	5	0	0	20	5
Karrari	22	78	47	7	7	0	7	20	13
Khartoum	19	81	72	17	0	0	0	11	0
Omdurman	17	83	75	0	8	0	8	0	8
Um Baddah	7	93	0	0	0	60	0	40	0
All Khartoum State	18	82	58	7	3	4	6	14	8

**Table (34): Receiving Microfinance**

Locality	%	
	yes	No
Bahri	5	95
Eastern Nile	6	94
Jebel Awlia	4	97
Karrari	9	91
Khartoum	11	89
Omdurman	7	93
Um Baddah	4	96
All Khartoum State	7	93

**Table (35): Food Security -CARI**

Locality	Relative Importance %			
	Food secure	Marginally food secure	Moderately food Insecure	Severely food insecure
Bahri	19	61	16	5
Eastern Nile	0	91	6	3
Jebel Awlia	5	70	22	4
Karrari	4	46	42	7
Khartoum	13	75	11	1
Omdurman	6	88	6	0
Um Baddah	4	84	11	0
All Khartoum State	7	72	17	4

**Table (36): Category affected more in case of Reduced Consumption**

Locality	Affected more from Reduced food or food quality %			
	Father	Mother	Children	Other household members
Bahri	5	13	28	55
Eastern Nile	0	13	78	9
Jebel Awlia	2	27	57	14
Karrari	20	11	39	30
Khartoum	19	15	16	51
Omdurman	3	5	40	52
Um Baddah	0	15	57	29
All Khartoum State	8	13	44	35

**Table (37): Household Experienced Increase in Violence during the last 6 month**

Locality	Experience violence		Type of Violence %				
	yes	no	Domestic violence	Sexual violence	Thefts or robbery	House break\ ins robberies	others
Bahri 67	31	69	33	0	17	50	0
Eastern Nile 100	3	97	0	0	0	100	0
Jebel Awlia 95	27	73	0	0	4	91	4
Karrari 54	21	79	18	0	27	27	27
Khartoum 82	21	79	9	0	30	52	9
Omdurman 81	44	56	9	0	17	64	11
Um Baddah 89	20	80	6	6	33	56	0
All Khartoum State	23	77	12	0	18	61	9

## Box 1: Recommendations Resulting from FGD Deliberations

The main recommendations resulting from FGD deliberations are listed below:

- The government has to review and change its policies and budget to be more of pro poor policies with special, focus on access to food, health and support education and health services
- We expect the government to have control over prices to end this muddle situation, there must be clear decisions to regulate the issue of prices. This point was mentioned repeatedly by the majority of the participants. *Establishing subsidized markets for the basic*
- Encouragement and support of consumer cooperatives
- In Mayo Gaboush they said *“there is a need for close control over the bakeries, the weight and quality of bread is extremely bad.*
- Creation of jobs for the youth and the graduates, because the joblessness situation generated, criminals, drug dealers and thieves.
- Provision of income generation activities or small projects, micro-finance for the female headed household and the people with disabilities.
- Drain the stagnant water and combat the mosquitos, this was a collective demand of Mayo Ghabush quarter
- *Provision of health insurance to poor families and widen its coverage to include the expensive medicines.*
- *Widen the umbrella of the social assistance and Zakat to include at least more poor people*
- *The Zakat must also conduct studies and adopt fair measurements when they chose the beneficiaries and develop suitable distribution mechanisms. If you lost anything and reported your case to the police, you will never get it back. In many cases of robberies and criminal incidents, when we request the police help; the police reply is ready: we don't have any car.*
- *This area should be organized and planned by urban planning department, we kept complaining hopelessly for years; before the commencement of every election, they give us reliable promise, and accordingly we vote for them trustily and . since then no one showed up.*
- *A recent graduated youth, started his speech by saying” The economic situation will remain the same or may deteriorate to worse, unless the government consult the experts; it's unbelievable to employ non-professionals on the bases of affiliation whilst the professionals and experts are everywhere.”*
- *The politician and professional are far distanced and detached from the poor people, they don't know our sufferings, they impose their decisions and policies and we have to accept it all, and change our life accordingly.*
- Enable artisans and youth with workplaces and tools and professional skills:
- *We want security (Mayo):*
- *We are daily workers (day by day livelihood), we don't have bank accounts we have no savings. (Dar Elsalam):*
- Improving pensions and supporting projects for the pensioners. Provide medical , and group projects supporting a project for each 10 pensioners. and Investing in the education of the pensioners' children and creation of job opportunities for their sons and daughters.
- There is a need for price control and monitoring mechanisms.
- More investment in health through Rehabilitation of government clinics, health centers and hospitals to be affordable for the poor

The above recommendations can be grouped under two groupings:

- i. **Policy and governance recommendations**
- ii. **Programmes and interventions**
- i. **Policy recommendation**
  - The government has to review and change its policies and budget to be more of pro poor policies with special, focus on access to food, health and support education and health services
  - The government to have control over prices to end this muddle situation, there must be clear decisions to regulate the issue of prices. This point was mentioned repeatedly by the majority of the participants. *Establishing subsidized markets for the basic commodities*

- Provision of health insurance to poor families and widen its coverage to include the expensive medicines.
- There is need for frequent monitoring and response responsive system involving consumer, organization, quality control department, to curb inflation:
- There is a need for pro poor Urban Planning Policy
- participation in policy making
- youth Employment policy
- Encouragement and support of consumer cooperatives

ii. **Programme/Interventions**

- Civic Education and Governance support for Police and PCs and Community Governance structure
- Credit and Saving Programmes
- Improving pensions and supporting projects for the pensioners and Investing in the education of the pensioners' children and creation of job opportunities for their sons and daughters.
- Programme: Water and sanitation and public health support
- More investment in health through Rehabilitation of government clinics, health centers and hospitals to be affordable for the poor
- Enable artisans and youth with workplaces and tools and professional skills
- There is a need for rigorous survey for social safety net and social protection selection criteria and mechanism as well as Social Protection enforcement and widening) Social safety net and zakat
- Creation of job opportunities for the youth, Provide funding for the youth projects. And Linking the youth with microfinance institutions
- There is need for frequent monitoring and response responsive system involving consumer, organization, quality control department, to curb inflation: Policy

**Box 2: Concluding Remarks**

**People are not aware about specific economic policies, however they express the effect of the crisis** on their day to day living conditions and suffering of their children and youth from both gender

- There is a high level of expenditure on food items and relatively low level of expenditure on health and child education
- The relationship between employment, wages and the prices are the most important transmission channels dominated the discussion of people met in the different FDGs
- The government social initiatives programmes (SIP) that was claimed to provide social safety net through cash transfer and health insurance fund, were not felt by the majority of the people met. In addition, those who said they benefit from cash transfer and the social insurance, stated that it does not cover the minimum food basket requirement and related expenditure
- Joblessness and limited paid job opportunities together with the majority involving in the informal business sector in particular among women and youth
- The relationship between low income and the cost of food items seriously affect the consumption patterns and intern children and women nutritional status in the different household
- Dietary change the most common coping strategies in the different localities which adversely affect the status of children nutrition in particular children that lack break fast in the school. There is no evidence of nay school meals programmes even in the poorest communities, the survey result confirms without doubt the drop out of children from the schools and the tendency for child labor and other forms of children and female use exploitation and violence.
- The dominants complain also include the shortage of medicine and medical consumables the different health facilities and the sky rocketing cost of medication, in addition to ether poor coverage of medical insurance or insufficient coverage for necessary health care services.
- Children at high risk of suffering from the recent economic crisis

### **Box 3: General Recommendations**

- There is a need for more transparency and engagement in economic policy formulation, implementation and continues monitoring of its effect and impact and people responses
- Prioritization in investment and government budgeting for poverty reduction strategies with focus on poverty stricken communities and neighborhoods that are most in need.
- Increase investment on child education to assure free basic education and increase coverage and improvement in education quality.
- The current government social protection and social safety net programmes though crucial to mitigate the impact of economic crisis in the poor communities in particular children, women and the elders, however required thorough review in terms of targeting, coverage, distribution and monitoring mechanisms.
- The youth in particular require special focus in terms of policies and programmes, given evident drug abuse, tendency to illegal behavior and the dominant ideas and tendency for external migration
- To curb the negative effect of current common policy on children and youth education, it is important to revisit the historical experience and lessons learned of boarding houses and school feeding policy programmes
- In terms of youth and employment, there is a need to encourage small businesses and entrepreneurship and provide incentives for diaspora remittances



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